Transaction Number / Numéro de transaction: APP-A10617695467
Generated on: November 07, 2024, 02:02 / Généré le: 07 novembre 2024, 02:02

Ontario

Ministry of Public and Business Service Delivery
Ministère des Services au public et aux entreprises

Certified Document Copies

Copies de document certifiés

ROBERT LAND ACADEMY

Corporation Name / Dénomination sociale

267008

Ontario Corporation Number / Numéro de société de l'Ontario

104

Total number of pages (excluding certification page) / Nombre total de pages (excluant la page de certification)

Note: The Ontario Business Registry was established on October 19, 2021. A separate search must be conducted for documents filed on or after that date.

Remarque: Le Registre des entreprises de l'Ontario a été créé le 19 octobre 2021. Une recherche distincte doit être effectuée pour les documents déposés à cette date ou après.

V. Quintanilla W.

Director / Directeur

Certified a true copy of the record maintained by the Ministry of Public and Business Service Delivery prior to October 19, 2021.

V. Quintanilla W.

Director/Registrar

Copie certifiée conforme du dossier conservé par le ministère des Services au public et aux entreprises avant le 19 octobre 2021.

V. Quintanilla W.

Directeur ou registrateur

FORM CB-354

C-267008

JAN 12 1973

NAMES SEARCH REPORT No. 576.

DATE ORIGINATED	DATE COMPLETED	BY	DATE RECHECKED	BY	DEPT. OFFICER
Jan 12/73.	JAN 1 1973				

NAME REQUESTED

1. The Creative Centre for Learning Disabilities
2. The Creative Centre for Children with "
3. " Centre for Learning Disabilities
4. The " " Children with Learning Disabilities

NAME SEARCH REQUESTED BY

Miss Duggan 822.
845-7104.

GENERAL SUBJECTS

Mgr - share.
Oakville
Long distance - Phone Jan 24;
don't know area-code

REPORT:

The Ontario Centre For Learning Disabilities re Jan 4/73

Creative Educational Services (Canada) Limited C-229178

Creative Reading Limited C-226213

Nothing under Centre for Learning Disabilities.

Learning Concepts Limited C-240234

Learning Tree Creative Centres Ltd (Mar 8/72) Dom Man.

+ Creative + Linguistic Centre Ltd

+ Creative Educational Services - 95 King E., Tor Tel 1316.

+ Creative Day Care Centre - 43-A Hillside Ave, Tor Tel BB6.

NR. DOMINION PSOM TEL CTI MH BK NEW CO'S NM

Province of ONTARIO

By the Honourable JOHN T. CLEMENT,

MINISTER OF CONSUMER AND COMMERCIAL RELATIONS

To all to whom these Presents shall come

Greeting

Whereas *The Corporations Act provides that with the exceptions therein mentioned the Lieutenant Governor may in his discretion, by Letters Patent, issue a Charter to any number of persons, not fewer than three, of* eighteen ~~twenty-one~~ *or more years of age, who apply therefor, constituting them and any others who become shareholders or members of the corporation thereby created a corporation for any of the objects to which the authority of the Legislature extends;*

And Whereas *by the said Act it is further provided that the member of the Executive Council to whom the administration of this Act is assigned may in his discretion and under the Seal of his office have, use, exercise and enjoy any power, right or authority conferred by the said Act on the Lieutenant Governor;*

And Whereas *it has been made to appear that the persons herein named have complied with the conditions precedent to the issue of the desired Charter and that the said undertaking is within the scope of the said Act;*

Now Therefore Know Ye *that, being the member of the Executive Council to whom the administration of this Act is assigned,*
I do by these Letters Patent *issue a Charter to the Persons hereinafter named that is to say:*

George Scott Bowman, Executive Director, Nancy Ann Bowman, Registered Nurse, and Keith William Gleed, Priest, all of the City of Hamilton, in the County of Wentworth, in the Province of Ontario; and William Whitelock Bowman, Sales Manager, and Warren Liddell Durham, Barrister, both of the Town of Oakville, in the County of Halton, in the Province of Ontario; constituting them and any others who become members of the Corporation hereby created a corporation without share capital under the name of

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

for the following objects, that is to say:

(a) TO implement specialized programmes to assist young people with learning handicaps and their families;

(b) TO help individuals and families make socially-satisfying and constructive adjustments within the community setting which will help them work through their problems, whether material, psychological or spiritual;

(c) TO stimulate, to help promote and to participate in desirable and constructive community programmes

George Scott Bowman, Executive Director, Nancy Ann Bowman, Registered Nurse, and Keith William Gleed, Priest, all of the City of Hamilton, in the County of Wentworth, in the Province of Ontario; and William Whitelock Bowman, Sales Manager, and Warren Liddell Durham, Barrister, both of the Town of Oakville, in the County of Halton, in the Province of Ontario; constituting them and any others who become members of the Corporation hereby created a corporation without share capital under the name of

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

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(a) TO implement specialized programmes to assist young people with learning handicaps and their families;

(b) TO help individuals and families make socially-satisfying and constructive adjustments within the community setting which will help them work through their problems, whether material, psychological or spiritual;

(c) TO stimulate, to help promote and to participate in desirable and constructive community programmes

which have as an objective the welfare of the individual and the family;

(d) TO encourage and promote education and training in these fields and to develop opportunities for service by volunteers; and

(e) Subject to The Mortmain and Charitable Uses Act and The Charitable Gifts Act, to receive, acquire and hold gifts, donations, legacies and devises;

THE HEAD OFFICE of the Corporation to be situate at the said City of Hamilton; and

THE FIRST DIRECTORS of the Corporation to be George Scott Bowman, Nancy Ann Bowman, Keith William Gleed, William Whitelock Bowman and Warren Liddell Durham, hereinbefore mentioned;

AND IT IS HEREBY ORDAINED AND DECLARED that the Corporation shall be carried on without the purpose of gain for its members and any profits or other accretions to the Corporation shall be used in promoting its objects;

AND IT IS HEREBY FURTHER ORDAINED AND DECLARED that,

upon the dissolution of the Corporation and after the payment of all debts and liabilities, its remaining property shall be distributed or disposed of to charitable organizations which carry on their work solely in Ontario;

AND IT IS HEREBY FURTHER ORDAINED AND DECLARED that the directors shall serve as such without remuneration, and no director shall directly or indirectly receive any profit from his position as such; provided that a director may be paid reasonable expenses incurred by him in the performance of his duties.

Given *under my hand and Seal of office at the City of Toronto in the said Province of Ontario this* twenty-third *day of* February *in the year of Our Lord one thousand nine hundred and* seventy-three.

John T. Clement
Minister of Consumer and
Commercial Relations

Dated February 23, A.D. 1973

Province of
ONTARIO

Letters Patent

Incorporating

THE CREATIVE CENTRE FOR
LEARNING DISABILITIES

Recorded this 7TH. day of MARCH A.D. 1973
as Number 267005

Ontario

MINISTRY OF CONSUMER & COMMERCIAL RELATIONS

555 YONGE ST | TORONTO 284 ONTARIO

RECEIVED FROM

George Scott Bowman,
c/o Warren L. Durham
Barr ,
260 Church St.,
OAKVILLE, Ont. L6J 1N6

MANNER OF PAYMENT

FEB 23 P $ 1664777 000,020 00

DATE	DIV	NUMBER	SCD	DIST	AMOUNT

THIS IS YOUR RECEIPT

RE

FEB 23 P $ 1664777 000,020.00

XMMXEXMX

The Creative Centre for Learning Disabilities.

Letters Patent. JG

09067

SP 32(10-72)

Ontario

MINISTRY OF CONSUMER & COMMERCIAL RELATIONS

555 YONGE ST TORONTO 284 ONTARIO

RECEIVED FROM

WARREN L. DURHAM, FARR.,
260 CHURCH ST.,
OAKVILLE, ONT.

JUN 21 P 4 2 23926 000,002 00

DATE	DIV	MDSE	SEG	DIST	AMOUNT

MANNER OF PAYMENT

THIS IS YOUR RECEIPT

RE THE CREATIVE CENTRE FOR LEARNING DISABILITIES 000,002.00

RESERVATION OF NAME CN

06669

PSF 32(10-72)

SEE INSTRUCTIONS ON THE REVERSE SIDE

MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS

ONTARIO

ANNUAL INFORMATION RETURN AS OF FEBRUARY 23, 1974

THE CORPORATIONS INFORMATION ACT, 1971

2267008 3

FILE NO. 0267008

CHANGE NOTED PER

DATE OF RETURN	FEES
31/03/1970 NOT REQUIRED	NOT REQUIRED
31/03/1971 NOT REQUIRED	NOT REQUIRED
23/02/1972 NOT REQUIRED	NOT REQUIRED
23/02/1973 NOT REQUIRED	NOT REQUIRED
THIS RETURN MUST BE FILED WITHIN TWO MONTHS AFTER ▶ 23/02/1974	REQUIRED — $0.00 — PAYABLE

TOTAL FEES PAYABLE: NIL

CORPORATION NAME-MAILING ADDRESS

THE CREATIVE CENTRE FOR LEARNING
DISABILITIES
C/O [redacted]/BARR
260 CHURCH ST
OAKVILLE ONT L6J 1N6

WILLIAM B. KERR

PLEASE CORRECT MAILING ADDRESS IF DIFFERENT FROM ABOVE.

DATE OF INCORPORATION/AMALGAMATION: 23 FEBRUARY 1973

MANNER OF INCORPORATION/AMALGAMATION: LETTERS PATENT

INCORPORATING JURISDICTION: ONTARIO

FOR DEPARTMENT USE ONLY

EDP-1: 99665

EDP-2:

FULL HEAD OFFICE ADDRESS - INCLUDING STREET AND NUMBER (POST OFFICE BOX NUMBER NOT ACCEPTABLE)
COMPLETE ONLY IF DIFFERENT FROM MAILING ADDRESS

97 Manning Avenue, Hamilton, Ontario

IS THE CORPORATION OFFERING ITS SECURITIES TO THE PUBLIC? YES ☐ NO X

IS THE CORPORATION IN OPERATION? YES X NO ☐

GENERALLY, THE ACTUAL UNDERTAKING OF THE CORPORATION:

(1) Education and rehabilitation for children with learning disabilities

DIRECTORS AS AT DATE OF RETURN

NAME	FULL RESIDENCE ADDRESS - INCLUDING STREET AND NUMBER	DATE BECAME A DIRECTOR (DAY MONTH YEAR)
1 George Scott Bowman	97 Manning Avenue, Hamilton	23/2/73
2 Nancy Ann Bowman	97 Manning Avenue, Hamilton	23/2/73
3 Keith William Gleed	315 Melvin Avenue, Apt. 804, Hamilton	23/2/73
4 William Whitelock Bowman	318 Pinehurst Drive, Oakville	23/2/73
5 William Land Hawkins	3320 Lakeland Crescent, Burlington	12/9/73
6		
7		
8	IF SPACE INSUFFICIENT, ATTACH LIST OF OTHER DIRECTORS	

OFFICERS

NAME	FULL RESIDENCE ADDRESS - INCLUDING STREET AND NUMBER	DATE BECAME AN OFFICER (DAY MONTH YEAR)
PRESIDENT: George Scott Bowman	97 Manning Avenue, Hamilton	16/4/73
SECRETARY: Steven Robinson	General Delivery, Smithsville, Ontario	10/6/74
TREASURER: Vice President: Nancy Ann Bowman	97 Manning Avenue, Hamilton	10/6/74

DATE OF LAST ANNUAL MEETING (DAY MONTH YEAR): N/A

WHERE THE OBJECTS ARE IN WHOLE OR IN PART OF A SOCIAL NATURE:

ADDRESS IN FULL OF THE PREMISES OF THE CORPORATION

FOR EXTRA-PROVINCIAL CORPORATIONS LICENCED TO CARRY ON BUSINESS IN ONTARIO

NAME AND OFFICE ADDRESS FOR: ATTORNEY FOR SERVICE IN ONTARIO

CHIEF OFFICER OR MANAGER IN ONTARIO

N/A

FULL ADDRESS OF THE PRINCIPAL OFFICE IN ONTARIO

FOR ALL CORPORATIONS

I, GEORGE SCOTT BOWMAN

CERTIFY THAT THE RETURN OF INFORMATION HEREIN CONTAINED IS VERIFIED AS TRUE AND CORRECT.

X PRESIDENT ☐ DIRECTOR

George Scott Bowman
SIGNATURE

IF NOT SHOWN ELSEWHERE - FULL RESIDENCE ADDRESS OF SIGNER

FORM CB-322

Form 1970 2 1980 1981 1982 1983 1984 1988 1989

Ministry of Consumer and Commercial Relations

BUSINESS NAME OR STYLE REGISTRATION (CORPORATION)

CD-301 (73)

C-26[illegible]08

1. NAME OR STYLE TO BE REGISTERED

ROBERT LAND ACADEMY

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

Provision of educational and learning facilities

MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS REGISTRY

JAN 9 1979

EXPIRY DATE

JAN 8 1984

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R. R. #3
Wellandport, Ont.
L0R 2J0

4. NAME OF THE CORPORATION

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

5. MAILING ADDRESS OF THE CORPORATION

R. R. #3
Wellandport, Ontario L0R 2J0

7. SIGNATURE OF DIRECTOR OR OFFICER

G. Scott Bowman

6. INCORPORATING JURISDICTION

Ontario

8. NAME AND TITLE OF THE SIGNING OFFICIAL

G. Scott Bowman
President

INSTRUCTIONS

1. THE REGISTRATION FEE IS $10, PAYABLE TO THE TREASURER OF ONTARIO.
2. DO NOT SEND CASH THROUGH THE MAILS
3. PRINT OR TYPE ONLY AND DO NOT FOLD OR DAMAGE THE FORM.
4. MAIL THE FORM TOGETHER WITH THE FEE TO

PUBLIC OFFICE, COMPANIES DIVISION,
MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS
555 YONGE STREET, TORONTO, ONTARIO M4Y 1Y7.

07002

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

76-2896

1978 1979 1980 1981 1982 1983 1984 1985 1986

Ministry of Consumer and Commercial Relations

BUSINESS NAME OR STYLE REGISTRATION (CORPORATION)

CD-301 (73)

C-26008

1. NAME OR STYLE TO BE REGISTERED

LONG HOUSE

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

Provision of educational and learning facilities

MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS

JAN 9 1979

PARTNERSHIPS REGISTRY

EXPIRY DATE

JAN. 8. 1984

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R.R.#3
Wellandport, Ont.
L0R 2J0

4. NAME OF THE CORPORATION

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

5. MAILING ADDRESS OF THE CORPORATION

R. R. #3
Wellandport, Ontario L0R 2J0

7. SIGNATURE OF DIRECTOR OR OFFICER

G. Scott Bowman.

8. INCORPORATING JURISDICTION

Ontario

8. NAME AND TITLE OF THE SIGNING OFFICIAL

G.Scott Bowman
President

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PUBLIC OFFICE, COMPANIES DIVISION,
MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS
555 YONGE STREET, TORONTO, ONTARIO M4Y 1Y7.

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07002

78-2356

1978 1979 1980 1981 1982 1983 1984 1985 1986

C-267008

Ministry of Consumer and Commercial Relations

BUSINESS NAME OR STYLE REGISTRATION (CORPORATION)

CD-301 (73)

1. NAME OR STYLE TO BE REGISTERED

HORIZONS

MINISTRY USE ONLY

REGISTRATION DATE

JAN 9 1979

EXPIRY DATE

JAN 8 1984

PARTNERSHIPS REGISTRY

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

Provision of educational and learning facilities

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R.R. #3
Wellandport, Ont.
L0R 2J0

4. NAME OF THE CORPORATION

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

5. MAILING ADDRESS OF THE CORPORATION

R. R. #3
Wellandport, Ontario L0R 2J0

7. SIGNATURE OF DIRECTOR OR OFFICER

G. Scott Bowman

8. INCORPORATING JURISDICTION

Ontario

9. NAME AND TITLE OF THE SIGNING OFFICIAL

G.Scott Bowman
President

INSTRUCTIONS

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PUBLIC OFFICE, COMPANIES DIVISION,
MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS
555 YONGE STREET, TORONTO, ONTARIO M4Y 1Y7.

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07002

76-2896

1978 1980 1981 1982 1983 1984 1985 1986

C-27008

Ministry of Consumer and Commercial Relations

BUSINESS NAME OR STYLE REGISTRATION (CORPORATION)

CD-301 (73)

1. NAME OR STYLE TO BE REGISTERED

CAMP KEEWAYTAN

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

Provision of educational and learning facilities

REGISTRATION DATE

JAN 9 1979

EXPIRY DATE

JAN 8 1984

Min. of Consumer & Commercial Relations REGISTRY

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R.R. #3
Wellandport, Ont.
L0R 2J0

4. NAME OF THE CORPORATION

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

5. MAILING ADDRESS OF THE CORPORATION

R. R. #3, Wellandport, Ont.
L0R 2J0

6. INCORPORATING JURISDICTION

Ontario

7. SIGNATURE OF DIRECTOR OR OFFICER

G. Scott Bowman

8. NAME AND TITLE OF THE SIGNING OFFICIAL

G. Scott Bowman
President

INSTRUCTIONS

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PUBLIC OFFICE, COMPANIES DIVISION,
MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS
555 YONGE STREET, TORONTO, ONTARIO M4Y 1Y7.

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

07002

78-2396

Ontario
Ministry of Consumer and Commercial Relations
Companies Services Branch
555 Yonge Street
Toronto, Ontario
M7A 2H6
416/965-2059

THIS IS YOUR ONTARIO CORPORATION NUMBER

0267008

PLEASE USE THIS NUMBER IN ALL COMMUNICATIONS WITH THE BRANCH

THE CREATIVE CENTRE FOR LEARNING
DISABILITIES
C/O W B KERR BARR
260 CHURCH ST
OAKVILLE ONT L6J 1N6

Date: [redacted]
13 JAN 1979

TEL. 416 963 0546

Dear Sir/Madam:

NOTICE OF DEFAULT

Our records indicate that your corporation is more than 30 days in default in filing the Notice under section 5 of The Corporation Information Act, 1976, which was mailed to you.

NOTICE IS HEREBY GIVEN UNDER SECTION 347 (9) OF THE CORPORATIONS ACT, THAT AN ORDER DISSOLVING THE CORPORATION WILL BE ISSUED UNLESS THE CORPORATION FILES THE INFORMATION NOTICE WITHIN 180 DAYS AFTER THE DATE OF THIS NOTICE.

If the original Information Notice form has been misplaced you may obtain a replacement by checking the appropriate box provided below and returning this communication to the above address.

Yours truly,

(H. W. LEAFLOOR)
Manager,
Corporations Information Section

per:

TO CORPORATIONS INFORMATION SECTION

☐ Please mail a replacement form to the above address.

☐ Please mail a replacement form to the following address: (please print or type)

07213

CO 453 0D00074

267008

NOTICE OF CHANGE OF HEAD OFFICE

TO The Ministry of Consumer
and Commercial Relations,
555 Yonge Street,
Toronto, Ontario
M7A 2H6

FOR MICROFILMING

NOTICE IS HEREBY GIVEN that the location of the head office of THE CREATIVE CENTRE FOR LEARNING DISABILITIES was changed from the City of Hamilton to the Regional Municipality of Niagara, in the Province of Ontario, by a Special Resolution which was confirmed by the shareholders of the Corporation on the 7th day of December, 1978

DATED this 7th day of December, 1978

THE CREATIVE CENTRE FOR
LEARNING DISABILITIES

Per _____
Secretary

RECEIVED
APR 12 19/9
CORPORATIONS INFORMATION
SECTION
COMPANIES SERVICES BRANCH

TO: CORPORATIONS INFORMATION SECTION
COMPANIES SERVICE BRANCH
MINISTRY OF CONSUMER AND
COMMERCIAL RELATIONS
555 YONGE ST.
TORONTO, ONTARIO M7A 2H6

INITIAL NOTICE OR NOTICE OF CHANGE
BY AN ONTARIO CORPORATION OR
CORPORATION HOLDING A LICENCE
IN MORTMAIN

FORM 1

THE CORPORATIONS INFORMATION ACT, 1976

1. CORPORATION NAME		2. ONTARIO CORPORATION NUMBER
THE CREATIVE CENTRE FOR LEARNING DISABILITIES		267008
3. DATE OF INCORPORATION/AMALGAMATION	4. MANNER OF INCORPORATION/AMALGAMATION	5. JURISDICTION
February 23, 1973	Letters Patent	ONTARIO
6. FULL ADDRESS OF THE HEAD OFFICE OR PRINCIPAL PLACE OF BUSINESS IN ONTARIO		EFFECTIVE DATE
R.R.#3, Wellandport, Ontario, L0R 2J0		December 7, 1978

7. PRESENT DIRECTORS FULL NAME	* RESIDENT CANADIAN YES	NO	FULL RESIDENCE ADDRESS	DATE BECAME DIRECTOR
A. G.Scott Bowman	x		R.R. #3, Wellandport, Ontario	February 23, 1973
B. Wayne Perkins	x		276 Cranbrook Dr., Hamilton, Ont.	December 12, 1977
C. William Hawkins	x		3320 Lakeland Cres., Burlington	February 23, 1973
D. Bishop Kent Clarke	x		c/o 67 Victoria St. S., Hamilton	December 12, 1977
E. Dr. Murray McGovern	x		275 Trafalgar Rd.S., Oakville	December 12, 1977
F. John Clinton	x		c/o 1867 Yonge St., Toronto, Ont.	June 10, 1974
G. Howard Salmon	x		R.R. #2, Bimbrook, Ontario	December 12, 1977

8. * IS ANY DIRECTOR OF THE CORPORATION A DIRECTOR OF A RELATED CORPORATION AS DETERMINED UNDER THE CORPORATIONS TAX ACT, 1972.

☐ YES – IF YES, ATTACH SCHEDULE SETTING OUT THE NAME AND JURISDICTION OF EACH SUCH RELATED CORPORATION AND THE NAME OF EACH DIRECTOR WHO IS A DIRECTOR OF EACH SUCH RELATED CORPORATION.

☐ NO

FOR MICROFILMING

9. PRESENT OFFICERS FULL NAME	FULL RESIDENCE ADDRESS	DATE BECAME OFFICER
PRESIDENT G. Scott Bowman	R.R.#3, Wellandport, Ontario	February 23, 1973
SECRETARY - Treasurer Stephen Robinson	Smithville, Ontario	February 23, 1973
~~TREASURER~~ Vice-President William Hawkins	3320 Lakeland Cres.,Burlington	December 7, 1978
GENERAL MANAGER		

10. PERSONS WHO SINCE LAST NOTICE HAVE BEEN BUT ARE NO LONGER DIRECTORS FULL NAME	FULL RESIDENCE ADDRESS	DATE CEASED TO BE DIRECTOR
A. Nancy Bowman	R.R.#3, Wellandport, Ontario	December 12, 1977
B. Keith William Gleed	315 Melvin Avenue, Hamilton	November 27, 1975
C.		
D.		
E.		
F.		
G.		

RECEIVED
APR 12 1979
CORPORATIONS INFORMATION SECTION
COMPANIES SERVICES BRANCH

11. PERSONS WHO SINCE LAST NOTICE HAVE BEEN, BUT ARE NO LONGER OFFICERS FULL NAME	FULL RESIDENCE ADDRESS	DATE CEASED TO BE OFFICER
Nancy Bowman	R.R. #3, Wellandport, Ontario	December 7, 1978

12. I, PETER ALAN JAMES,
CERTIFY THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT

☐ DIRECTOR
☐ OFFICER
☒ OTHER, PERSON HAVING KNOWLEDGE OF THE AFFAIRS OF THE CORPORATION

SIGNATURE

* APPLIES ONLY IN THE CASE OF CORPORATIONS WITH SHARE CAPITAL

07200

PROVINCE OF ONTARIO)
JUDICIAL DISTRICT)
OF YORK:)
TO WIT:)

IN THE MATTER OF the application of The Creative Centre For Learning Disabilities for Supplementary Letters Patent changing the name.

A F F I D A V I T

WE, G. SCOTT BOWMAN and STEPHEN ROBINSON, both of the Regional Municipality of Niagara, in the Province of Ontario, MAKE OATH AND SAY THAT:

1. We are the President and Secretary-Treasurer respectively of The Creative Centre For Learning Disabilities and have personal knowledge of the matters herein deposed to;

2. In our opinion the Corporation is not insolvent within the meaning of Subsection (4) of Section 5 of Regulation 134 under The Corporations Act.

SEVERALLY SWORN before me)
at the City of Toronto, in)
the Municipality of)
Metropolitan Toronto, this)
14 day of February,)
1979.)

G. Scott Bowman.
G. Scott Bowman

Steve Robinson
Stephen Robinson

A Commissioner, Etc.

PETER A JAMES
BARRISTER AND SOLICITOR

TELEPHONE 862-7745
AREA CODE 416

SUITE 405
55 QUEEN STREET EAST
TORONTO ONTARIO
M5C 1R5

PLEASE REFER TO FILE No. 173/78

March 8, 1978

Companies Branch,
Ministry of Consumer and
Commercial Relations,
555 Yonge Street,
TORONTO, Ontario
M7A 2H6

267008

MAR-8 12 6 124697 / 000,010 00

Dear Sirs

Re The Creative Centre For Learning Disabilities

I am enclosing a Notice of Change of Head Office for filing with respect to the above corporation, along with a Notice of Change pursuant to the provisions of The Corporations Information Act, 1976

Also enclosed are an original and duplicate Application for Supplementary Letters Patent to change the name of the corporation from The Creative Centre For Learning Disabilities to The Creative Centre for Learning and Development, along with our cheque in favour of the Treasurer of Ontario in the amount of $10 00 representing payment of the fees herein

Yours very truly,

Peter A James

PAJ/amcp
Encls

Ontario

Ministry of Consumer and Commercial Relations

Companies Division

555 Yonge Street
Toronto Ontario
M7A 2H6

FILED APR 10 1979

NOTICE OF DEFICIENCY - Your file 173/78

RE THE CREATIVE CENTRE FOR LEARNING DISABILITIES DATE APRIL 12/79

Your documents are returned herewith for revision Please return this form with the revised documents

Effective January 1, 1979, fee for Supplementary Letters Patent was increased to $50 Please send balance of $40 ~~owing~~ to 1275917 000,040 00

ONT. REG. 883/78

267008

C 267008

PROVINCE OF ONTARIO

BY THE HONOURABLE F R A N K D R E A ,

MINISTER OF CONSUMER AND COMMERCIAL RELATIONS

WHEREAS *THE CORPORATIONS ACT PROVIDES THAT THE LIEUTENANT GOVERNOR MAY IN HIS DISCRETION ISSUE SUPPLEMENTARY LETTERS PATENT TO ANY CORPORATION THAT APPLIES THEREFOR AMENDING OR OTHERWISE ALTERING OR MODIFYING ITS LETTERS PATENT OR PRIOR SUPPLEMENTARY LETTERS PATENT;*

AND WHEREAS *BY THE SAID ACT IT IS FURTHER PROVIDED THAT THE MEMBER OF THE EXECUTIVE COUNCIL TO WHOM THE ADMINISTRATION OF THIS ACT IS ASSIGNED MAY IN HIS DISCRETION AND UNDER THE SEAL OF HIS OFFICE HAVE, USE, EXERCISE AND ENJOY ANY POWER, RIGHT OR AUTHORITY CONFERRED BY THE SAID ACT ON THE LIEUTENANT GOVERNOR;*

AND WHEREAS *IT HAS BEEN MADE TO APPEAR THAT THE CORPORATION HEREIN NAMED HAS COMPLIED WITH THE CONDITIONS PRECEDENT TO THE ISSUE OF THE DESIRED SUPPLEMENTARY LETTERS PATENT;*

NOW THEREFORE KNOW YE *THAT, BEING THE MEMBER OF THE EXECUTIVE COUNCIL TO WHOM THE ADMINISTRATION OF THIS ACT IS ASSIGNED,*

I DO BY THESE SUPPLEMENTARY LETTERS PATENT TO

THE CREATIVE CENTRE FOR LEARNING DISABILITIES

incorporated by Letters Patent dated the
twenty-third day of February, 1973

CHANGE the name of the Corporation to

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT.

GIVEN *UNDER MY HAND AND SEAL OF OFFICE AT THE CITY OF TORONTO IN THE SAID PROVINCE OF ONTARIO THIS* twentieth

DAY OF April

ONE THOUSAND NINE HUNDRED AND seventy-nine.

Frank Drea
Minister of Consumer and
Commercial Relations

CB-371

April 20, 1979

PROVINCE OF
ONTARIO

SUPPLEMENTARY
LETTERS
PATENT

THE CREATIVE CENTRE FOR
LEARNING DISABILITIES

Changing its name to

THE CREATIVE CENTRE FOR
LEARNING AND DEVELOPMENT

RECORDED 3RD
MAY 1979

AS NUMBER 267008

Ontario
Ministry of Consumer and Commercial Relations
Companies Services Branch
555 Yonge Street
Toronto, Ontario
M7A 2H6
416 963 0546
XXXXXXXXXXXX
416/963-2059

THIS IS YOUR ONTARIO CORPORATION NUMBER

0267008

PLEASE USE THIS NUMBER IN ALL COMMUNICATIONS WITH THE BRANCH

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT
C/O W B KERR BARR
260 CHURCH ST
OAKVILLE ONT L6J 1N6

Date: 17 JUL 1979

Dear Sir/Madam:

NOTICE OF DISSOLUTION

Take notice that the Letters Patent of the corporation have been cancelled under section 347(9) of The Corporations Act by an Order dated 17 JUL 1979 and the corporation has been dissolved as of that date for default in complying with section 5 of The Corporations Information Act, 1976.

Please note that subsequent to the dissolution the only means for restoring the corporation is by way of an application for revival under section 347 (10) of the Act within two years of the date of dissolution. The appropriate application forms may be obtained from the Corporations Information Section at the above address.

Yours truly,

(H. W. LEAFLOOR)
Manager,
Corporations Information Section

per:

FOR MICROFILMING

07214

CD454 0D00073

Ministry of Consumer and Commercial Relations

Ontario

This Return will not be accepted without the fee (if payable), nor any fee without a fully completed Return

Annual Information Return as of FEBRUARY 23, 1975

The Corporations Information Act, 1971

File No. 0267008

Records for this corporation with respect to prior annual returns in default and fees payable (excluding any received within the last ten days and not recorded in the computer) are as shown for the dates stated at right. Forms available on request. Arrears for dates other than those shown are handled separately.	Date of Return	Returns	Fees Owing
This Return must be Filed Within Two Months After →	23/02/75	REQUIRED	NIL

Date of Incorporation/Amalgamation	Manner of Incorporation/Amalgamation	Incorporating Jurisdiction	Total Fees Payable	Amount Enclosed
23 FEBRUARY 1973	LETTERS PATENT	ONTARIO	NIL	

Corporation Name Mailing Address

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT
FORMERLY
THE CREATIVE CENTRE FOR LEARNING
DISABILITIES
C/O HOLDEN FORD & CO BARRS
125 NAVY ST
OAKVILLE ONT L6J 2Z5

STATE FILE NUMBER ON THE FRONT OF ALL CHEQUES

Suite Room | Street & Number P.O. Box

City Town Province State Country | Postal Code

For Ministry Use Only

Full Head Office Address—Including Street and Number P.O. Box Province State Country Postal Code

Is this Corporation Offering its Securities to the Public?	Is the Corporation a Non-Resident?	Summarize the Actual Undertaking of the Corporation
Yes [ ] No [X]	Yes [X] No [ ]	FOR MICROFILMING

Directors as at Date of Return

	Name	Full Residence Address—Including Street and Number	Date Became a Director (Day Month Year)
1	GEORGE SCOTT BOWMAN	R.R. #3, Wellandport, Ontario L0R 2J0	16 04 73
2	NANCY BOWMAN	R.R. #3, Wellandport, Ontario L0R 2J0	16-04-73
3	WILLIAM HAWKINS	3320 Lakeland Cr., Burlington, Ontario L7N 1B8	14 11 73
4	WILLIAM BOWMAN	1330 Lakeshore Rd W., Oakville, Ontario L6L 1G2	16 04 73
5	KEITH GLEED	Lakefield College School, Lakefield, Ontario	10 06 74
6	JOHN CLINTON	c/o 1867 Yonge Street, Toronto, Ont M4S 1Y5	10 06 74
7			
8		If Space Insufficient, Attach List of Other Directors	

Officers

	Name	Full Residence Address—Including Street and Number	Date Became an Officer (Day Month Year)
President	GEORGE SCOTT BOWMAN	as above	16 04 73
Secretary	STEPHEN ROBINSON	General Delivery, Smithville, Ont L0R 2A0	10 06 74
Treasurer	Vice-President: NANCY BOWMAN	as above	16 04 73
General Manager			

Date of Last Annual Meeting	Day	Month	Year
	10	06	74

Where the objects are in whole or in part of a social nature

Address in Full of the Premises of the Corporation: N/A

RECEIVED
AUG 28 1980
CORPORATIONS INFORMATION SECTION
COMPANIES SERVICES BRANCH

For Extra-Provincial Corporations Licenced to Carry on Business in Ontario

Name and Office Address for: Attorney for Service in Ontario

Chief Officer or Manager in Ontario

Full Address of the Principal Office in Ontario

For all Corporations

I, GEORGE SCOTT BOWMAN

Certify that the return of information herein contained is verified as true and correct

If not shown elsewhere—Full residence address of signer

[X] President
[X] Director

Signature

Only President or Director may Sign

See Instructions on Back

Form CD 322
07022

Ministry of Consumer and Commercial Relations

Ontario

This Return will not be accepted without the fee (if payable), nor any fee without a fully completed Return

Annual Information Return as of FEBRUARY 23, 1976

The Corporations Information Act, 1971

File No 0267008

Records for this corporation with respect to prior annual returns in default and fees payable (excluding any received within the last ten days and not recorded in the computer) are as shown for the dates stated at right. Forms available on request. Arrears for dates other than those shown are handled separately.	Date of Return	Returns	Fees Owing
This Return must be Filed Within Two Months After →	23/02/76	REQUIRED	NIL

Total Fees Payable: NIL

Amount Enclosed:

Date of Incorporation/Amalgamation: 23 FEBRUARY 1973

Manner of Incorporation/Amalgamation: LETTERS PATENT

Incorporating Jurisdiction: ONTARIO

Corporation Name-Mailing Address

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT
C/O G SCOTT BOWMAN
RR 3
WELLANDPORT ONT L0R 2J0

STATE FILE NUMBER ON THE FRONT OF ALL CHEQUES

Suite Room | Street & Number/P.O. Box

City, Town, Province, State, Country | Postal Code

For Ministry Use Only

Full Head Office Address—including Street and Number, P.O. Box, R.R. Number, Province, State, Country

Is the Corporation Offering its Securities to the Public? Yes [ ] No [XX]

Is the corporation an Offeree? Yes [XX] No [ ]

Generally, the Activities/Business of the Corporation: FOR MICROFILMING

Directors as at Date of Return

	Name	Full Residence Address—Including Street and Number	Date Became a Director (Day Month Year)
1	GEORGE SCOTT BOWMAN	R.R. #3, Wellandport, Ontario L0R 2J0	16 04 73
2	WILLIAM HAWKINS	3320 Lakeland Cr., Burlington, Ontario L7N 1B8	14 11 73
3	JOHN CLINTON	c/o 1867 Yonge Street, Toronto, Ont M4S 1Y5	10 06 74
4	STEPHEN ROBINSON	General Delivery, Smithville, Ont L0R 2A0	10 06 74
5	GAVIN COOKE	R.R.#3, Wellandport, Ontario	27 11 75
6	NANCY BOWMAN	R.R. #3, Wellandport, Ontario L0R 2J0	16 04 73
7			
8			

If Space Insufficient, Attach List of Other Directors

Officers

	Name	Full Residence Address—Including Street and Number	Date Became an Officer (Day Month Year)
President	GEORGE SCOTT BOWMAN	as above	16 04 73
Secretary and Treasurer	STEPHEN ROBINSON	as above	10 06 74
Vice-President	NANCY BOWMAN	as above	16 04 73

RECEIVED
AUG 28 1980
CORPORATIONS INFORMATION SECTION
COMPANIES SERVICES BRANCH

Date of Last Annual Meeting (Day / Month / Year)	Where the objects are in whole or in part of a social nature	Address in Full of the Premises of the Corporation
27 / 11 / 75		N/A

For Extra-Provincial Corporations Licenced to Carry on Business in Ontario

Name and Office Address for: Attorney for Service in Ontario

Chief Officer or Manager in Ontario

Full Address of the Principal Office in Ontario

For all Corporations

I, GEORGE SCOTT BOWMAN

Certify that the return of information herein contained is verified as true and correct

If not shown elsewhere—Full residence address of signer

[X] President
[X] Director

G. Scott Bowman
Signature

Only President or Director may Sign

See Instructions on Back

Form CD 322
07022

Ontario

Ministry of Consumer and Commercial Relations

Companies Services Branch

555 Yonge Street
Toronto, Ontario
M7A 2H6
416/965-5424

NOTICE BY NON SHARE CORPORATION REQUIRED TO BE FILED UNDER SECTION 5 OF THE CORPORATION INFORMATION ACT 1976 WITHIN 30 DAYS FROM: 24 NOV 1978

- THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT
  C/O G SCOTT BOWMAN
  RR 3
  WELLANDPORT ONT L0R 2J0

THIS IS YOUR ONTARIO CORPORATION NUMBER

0267008

This number must be stated in all correspondence with the Companies Services Branch.

Date of Incorporation	Jurisdiction
23 FEB 1973	ONTARIO

Manner of Incorporation: LETTERS PATENT

FAILURE TO FILE THIS NOTICE MAY RESULT IN THE CANCELLATION OF YOUR CHARTER.

1 Please set out here current mailing address if different from above

RECEIVED
AUG 28 1980
CORPORATIONS INFORMATION SECTION
COMPANIES SERVICES BRANCH

2 Full address of the head office, if different from mailing address

FOR MICROFILMING

Effective Date

SEE INSTRUCTIONS ON REVERSE

3 Present directors full name	Full residence address	Date Became Director Day	Month	Year
A. GEORGE SCOTT BOWMAN	R.R.#3, Wellandport, Ont L0R 2J0	16	04	73
B. WAYNE PERKINS	79 James St. S., Hamilton, Ontario	09	11	77
C. WILLIAM HAWKINS	3320 Lakeland Cr., Burlington, Ontario	14	11	73
D. BISHOP KENT CLARKE	Church House, Wellington Ave, Hamilton	09	11	77
E. MURRAY McGOVERN	275 Trafalgar Road, Oakville, Ontario Ont	09	11	77
F. JOHN CLINTON	c/o 1867 Yonge Street, Toronto, Ont	10	06	74
G. HOWARD SALMON	R.R. #2, Binbrook, Ontario L0R 1C0	09	11	77

4 Present officers full name	Full residence address	Date Became Officer Day	Month	Year
President GEORGE SCOTT BOWMAN	as above	16	04	73
Secretary and Treasurer STEPHEN ROBINSON	as above	10	06	74
~~General Manager~~ Vice-President: NANCY BOWMAN	as above	16	04	73

5

I, GEORGE SCOTT BOWMAN

Certify that the information herein contained is true and correct

[X] Director
[X] Officer
[ ] Other, person having knowledge of the affairs of the corporation

G. Scott Bowman
Signature

IMPORTANT

A Notice of Change, for every change of information listed on this notice, shall be filed with the Ministry within 10 days after the change or changes took place and the said Notice shall repeat the information required and shall specify any changes, together with the dates thereof, that have taken place. The appropriate forms may be obtained from Corporations Information Section at the above address.

07216

CD 462 OD - 00072

267008

THIS FORM TO BE FORWARDED FIRST FOR NAME SEARCH AND CLEARANCE AND WHEN CLEARED MUST ACCOMPANY THE ARTICLES OR APPLICATION. FAILURE TO ENCLOSE THE CLEARED REPORT WILL DELAY THE PROCESSING OF YOUR ARTICLES BY AT LEAST SIX WORKING DAYS.

IF A VARIATION OF THE CLEARED NAME IS DESIRED, THE CLEARED NAME SEARCH REPORT MUST BE RETURNED TO CORPORATION NAMES SECTION

SEE REVERSE SIDE FOR CONDITIONS AND ADDITIONAL REQUIREMENTS

267008

NAME SEARCH REPORT NO.	Date Originated	Date Completed
36	AUG 28 80	SEP 2 1980

Name Requested
First Choice THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT ok for revival 5! (X)

Second Choice *

Third Choice *

* THE ALTERNATIVE NAMES WILL BE SEARCHED IN THE ORDER OF PREFERENCE STATED AND WILL BE REPORTED ON SEPARATELY.

Please Complete Shaded Area

Name and Address For Mailing Cleared Search Report

c/o Holden, Ford & Haesler
Barristers & Solicitors
Box 695
OAKVILLE, Ontario

General Objects

Significance of the Key Word: ☐ Person's Name ☐ Place Name ☐ Coined Word ☐ Foreign Word: State Language and Meaning

Proposed Name Required For: ☐ Incorporation With Share Capital ☐ Incorporation Without Share Capital ☐ Change of Name ☒ Revival ☐ Extra Provincial Licence ☐ Mortmain Licence

If Change of Name of Existing Corporation Give Present Name:

Report: This name search report is checked only against the corporate names of corporations incorporated or authorized to carry on business in Ontario. The check does not include the names of partnerships, proprietorships, business names, trade names and trademarks.

(X) The Creative Centre for Learning (C) C267008
The Centre for Creative Living C27333
Learning Skills & Involvement Ltd C39014
Cent Limited
(XX) C. L. C. Creative Learning Centre Ltd C44323

NAME CLEARED

SEP - 2 1980 MT

COMPANIES SERVICES
BRANCH

CO-354 REV. 05-79 NEW CO'S 07054 05-79

HOLDEN, FORD & HAESLER
Barristers and Solicitors

OAKVILLE (416) 845-3475
MILTON (416) 878-8421

THOMAS M. HOLDEN, Q.C.
JOHN P.H. FORD, Q.C.

Counsel & Associate

MURRAY J. HAESLER, Q.C.

125 NAVY STREET, OAKVILLE L6J 2Z5
196 MAIN STREET, MILTON L9T 1N8
ONTARIO

PLEASE REPLY: Box 695, Oakville
L6J 5C1

RECEIVED
SEP 8 1980
EXAMINATION SECTION
COMPANIES SERVICES BRANCH

September 28 -8980 6 1954211 000,050.00

Ministry of Consumer and Commercial Relations,
Companies Division,
555 Yonge Street,
Toronto, Ontario M7A 2H6

Attention: Mr. John Flynte,
Examination Centre

Dear Sir:

Re: The Creative Centre for Learning
and Development,
Ontario Corporation No. 267008
Application for Order to Revive Charter

We are the solicitors for the above named Corporation and recently submitted to the Ministry an application for an Order to Revive the charter and we understand from a telephone conversation with your office to-day that the application has reached your section.

Unfortunately, when we submitted the application we omitted the $50.00 fee and enclose herewith our office cheque in that amount payable to the Treasurer of Ontario and we would ask that you apply this fee to our client's application.

Yours very truly,

T. M. Holden

/sgp
encl.

THOMAS M. HOLDEN

TO HER HONOUR THE LIEUTENANT GOVERNOR OF THE PROVINCE OF ONTARIO

THE APPLICATION OF George Scott Bowman and William Hawkins, both of the Township of West Lincoln in the Regional Municipality of Niagara North in the Province of Ontario,

RESPECTFULLY SHOWETH THAT:

1. The CREATIVE CENTRE FOR LEARNING DISABILITIES was incorporated by Letters Patent under The Corporations Act bearing date the 23rd day of February, 1973; Supplementary Letters Patent were issued to the Applicant bearing date the 20th day of April, 1979, changing the name of the Corporation to THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT, and was dissolved on July 17, 1979, by an Order under subsection (9) of Section 347 of The Corporations Act.

2. The Corporation was a Corporation without share capital and your Applicants were members of the Corporation.

3. The default of the said Corporation that led to its dissolution was due to inadvertence of its directors in failing to file the notices required under The Corporations Information Act, 1976.

4. The dissolution of the said Corporation has resulted and will continue to result in loss and serious inconvenience to the Corporation by reason of the fact that the Corporation can no longer enter into contracts or carry on normal business.

5. The notices required to be filed by the Corporation under The Corporations Information Act 1976 to the date of dissolution, and all other defaults of the Corporation to the date of dissolution have been remedied.

6. Since the date of dissolution, no corporation has been incorporated under a name the same as or similar to that of the said Corporation.

Your Applicants therefore request that an Order be made reviving the said Corporation.

DATED at Oakville, Ontario, this 15 day of August, 1980.

Witness:

Thomas D. Holden

GEORGE SCOTT BOWMAN

WILLIAM HAWKINS

RECEIVED
AUG 28 1980
CORPORATIONS INFORMATION SECTION
COMPANIES SERVICES BRANCH

Dated September 8, *A.D.* 1980

ORDER REVIVING

THE CREATIVE CENTRE FOR

LEARNING AND DEVELOPMENT

Recorded this Fifteenth
day of September A.D., 1980
as Number 267008

267008

Province of ONTARIO

BY THE HONOURABLE

F R A N K D R E A ,

MINISTER OF CONSUMER AND COMMERCIAL RELATIONS

TO ALL TO WHOM THESE PRESENTS SHALL COME

G R E E T I N G

W H E R E A S by The Corporations Act it is amongst other things provided that, where a corporation has been or is dissolved under subsection 9 of section 347 of the said Act, the Lieutenant Governor, on the application of any interested person made within two years after the date of dissolution, may in his discretion by Order on such terms and conditions as he sees fit to impose, revive the corporation, and that thereupon the corporation shall, subject to the terms and conditions of the Order and to any rights acquired by any person after its dissolution, be restored to its legal position, including all its property, rights, privileges and franchises, and be subject to all its liabilities, contracts, disabilities and debts, as at the date of its dissolution, in the same manner and to the same extent as if it had not been dissolved;

AND WHEREAS by the said Act it is further provided that

the member of the Executive Council to whom the administration of this Act is assigned may in his discretion and under the Seal of his office have, use, exercise and enjoy any power, right or authority conferred by the said Act on the Lieutenant Governor;

AND WHEREAS an Application in that behalf has been made for an Order reviving the Corporation hereinafter named which was dissolved on the seventeenth day of July, 1979 by an Order under the said subsection 9;

AND WHEREAS it has been made to appear expedient to revive the said Corporation by Order as hereinafter provided;

NOW THEREFORE KNOW YE that, being the member of the Executive Council to whom the administration of this Act is assigned, I,

FRANK DREA,

MINISTER OF CONSUMER AND COMMERCIAL RELATIONS

under the authority of the hereinbefore in part recited Act

DO BY THIS ORDER HEREBY REVIVE

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

incorporated by Letters Patent dated the twenty-third day of February, 1973.

Given *under my hand and Seal of office at the City of Toronto in the said Province of Ontario this* eighth *day of* September *in the year of Our Lord one thousand nine hundred and* eighty.

Frank Drea
Minister of Consumer and
Commercial Relations

Ministry of Consumer and Commercial Relations

Ontario

REGISTRATION OR RENEWAL OF BUSINESS NAME OR STYLE

THE CORPORATIONS INFORMATION ACT, 1976. CO. 441

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. RENEWAL IS YOUR RESPONSIBILITY THE REGISTRATION EXPIRY DATE WILL BE SHOWN IN YOUR CERTIFICATE OF REGISTRATION.

THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

07197 (01/80)

1. NAME OR STYLE TO BE REGISTERED

KEEWAYTAN OUTDOOR CENTRE

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

To provide outdoor education for community programs or schools

MINISTRY USE ONLY

REGISTRATION DATE

MAY 19 1981

EXPIRY DATE

MAY 18 1986

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R. R. #3
Wellandport, Ontario
L0R 2J0

4. INCORPORATING JURISDICTION

5. ONTARIO CORPORATION NUMBER

2 6 7 0 0 8

6. NAME OF THE CORPORATION

The Creative Centre for Learning and Development

7. MAILING ADDRESS OF THE CORPORATION (See instruction 4)

R.R. #3
Wellandport, Ontario

POSTAL CODE

L 0 R 2 J 0

8. SIGNATURE OF DIRECTOR OR OFFICER

G. Scott Bowman

9. NAME AND TITLE OF THE SIGNING OFFICIAL

G. Scott Bowman
Executive Director

NOTWITHSTANDING THIS REGISTRATION THE CORPORATION MUST USE ITS CORPORATE NAME ON ALL CONTRACTS, INVOICES, NEGOTIABLE INSTRUMENTS AND ORDERS FOR GOODS OR SERVICES ISSUED OR MADE BY OR ON BEHALF OF THE CORPORATION.

SEE SECTION 2 (4) OF THE CORPORATIONS INFORMATION ACT 1976.

INSTRUCTIONS AND DEFICIENCY NOTICE ON REVERSE SIDE

Ministry of Consumer and Commercial Relations

Ministère de la Consommation et du Commerce

Companies Services Branch

Direction des services aux compagnies

555 Yonge Street, Toronto, Ontario M7A 2H6
416/963-0543-4

Ontario

FAILURE TO FILE THIS NOTICE MAY RESULT IN THE CANCELLATION OF YOUR CHARTER.
NE PAS SOUMETRE CET AVIS PEUT ENTRAÎNER LA DISSOLUTION DE VOTRE CHARTE.

JAN 29 1982

THE CREATIVE CENTRE FOR LEARNING FORD
AND DEVELOPMENT
ATTN T H HOLDEN
C/O HOLDEN FORD & CO BARRS
125 NAVY ST PO BOX 695
OAKVILLE ONT L6J 2Z5

This is YOUR Ontario Corporation number
Voici le numéro Ontarien de VOTRE association

0267008

This number must be stated in all correspondence with the Companies Services Branch.
Veuillez inscrire ce numéro sur toute la correspondance échangée avec la Direction des services aux compagnies.

Date of incorporation / Date de constitution	Jurisdiction/Compétence territoriale
FEB 23 FEV 1973	ONTARIO
Manner of incorporation/Mode de constitution: LETTERS PATENT	

Notice by non share corporation required to be filed under Section 5 of the Corporations Information Act within 30 days from:

Avis obligatoire qu'une association doit soumettre conformément à l'article 5 de la loi sur les renseignements exigés des compagnies et associations dans les 30 jours suivants:

JANUARY 23 JANVIER 1982

1 Please set out here current mailing address if different from above/Veuillez inscrire votre adresse postale actuelle si elle est différente de celle ci-dessus

2 Full address of head office, if different from mailing address/Adresse complète du siège social si elle est différent de l'adresse postale

R.R. #3,
Wellandport,
Ontario L0R 2J0

RECEIVED
FOR MICROFILMING FEB 24 1982
Examination and Notice
Section, 3rd Floor
Companies Services Branch

Effective Date upon which the head office was established at the given address:
Date à laquelle le siège social a été établi à cette adresse.

3 Present directors full names including all given names/Noms au complet des administrateurs actuels (avec tous leurs prénoms)	Full residence address/Domicile complet	Date Became Director / Date d'entrée en fonction Day/Jour Month/Mois Year/Année
A. WILLIAM HAWKINS	3320 Lakeland Cr., Burlington, L7N 1B8	14 11 73
B. JOHN CLINTON	c/o 1867 Yonge St., Toronto, M4S 1Y5	14 11 73
C. HOWARD SALMON	R.R.#2, Binbrook, L0R 1C0	02 10 75
D. WILLIAM SMY	#702 - 165 Ontario St., St. Catharines, L2R 5K4	26 11 81
E. ROBERT CAMPBELL	#204 - 6 Forest Laneway, Willowdale, M2N 5X9	15 12 81
F. GEORGE SCOTT BOWMAN	R.R.#3, Wellandport, L0R 2J0	23 02 73
G. JOHN STRATFORD	R.R.#3, Oxbow Road, Brantford, N3T 5L6	24 01 80
4 Present officers full names including all given names/Noms au complet des dirigeants actuels (avec tous leurs prénoms)		Date Became Officer / Date d'entrée en fonction Day/Jour Month/Mois Year/Année
President/Président: GEORGE SCOTT BOWMAN	R.R.#3, Wellandport, L0R 2J0	23 02 73
Secretary/Secrétaire: STEVEN ROBINSON	General Delivery, Smithville, L0R 2A0	01 06 74
Treasurer/Trésorier: RAYMOND HAWEY	117 Cleary Ave., Dunnville N1A 1A2	01 06 80
General Manager/Gérant général		

5 I/Je soussigné R.A. HAWEY certify that the information herein contained is true and correct / atteste que les renseignements donnés par les présentes sont véridiques et exacts.

☐ Director / Administrateur
☑ Officer / Dirigeant
☐ Other person having knowledge of the affairs of the corporation. / Autre personne au courant des affaires de l'association.

Signature

IMPORTANT NOTICE AND INSTRUCTIONS FOR COMPLETION ARE ON REVERSE
AVIS IMPORTANT ET INSTRUCTIONS POUR REMPLIR LE RAPPORT SONT DONNÉES AU VERSO.

267008

SCHEDULE OF DIRECTORS

OF

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

CORPORATION NO. 0267008

NAME	ADDRESS	DATE BECAME DIRECTOR
MURRAY McGOVERN	275 Trafalgar Rd., Oakville L6L 3H1	14 11 73
BRUCE NICHOLSON	956 Danforth, Burlington L7T 1S8	15 12 81
WILLIAM BOWMAN	1330 Lakeshore Rd. W. Oakville, L6L 1G2	23 02 73

RECEIVED

FEB 24 1982

Examination and Notice
Section, 3rd Floor
Companies Services Branch

FOR MICROFILMING

Ontario

Ministry of Consumer and Commercial Relations | Ministère de la Consommation et du Commerce | Companies Services Branch | Direction des services aux compagnies

585 rue Yonge Street
Toronto, Ontario
M7A 2H6
416/963-0543

THIS IS YOUR ONTARIO CORPORATION NUMBER
VOICI LE NUMÉRO ONTARIEN DE VOTRE COMPAGNIE OU ASSOCIATION

0267008

PLEASE USE THIS NUMBER IN ALL COMMUNICATIONS WITH THE BRANCH
VEUILLEZ INSCRIRE CE NUMÉRO SUR TOUTE LA CORRESPONDANCE ÉCHANGÉE AVEC LA DIRECTION DES SERVICES AUX COMPAGNIES

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT
ATTN T H HOLDEN
C/O HOLDEN FORD & CO BARRS
125 NAVY ST PO BOX 695
OAKVILLE ONT L6J 2Z5

Date: 06 MAR 1982

Dear Sir/Madam:

NOTICE OF DEFAULT

Our records indicate that your corporation is more than 30 days in default in filing the Notice under section 5 of the Corporations Information Act, which was mailed to you.

NOTICE IS HEREBY GIVEN UNDER SECTION 317(9) OF THE CORPORATION ACT, THAT AN ORDER DISSOLVING THE CORPORATION WILL BE ISSUED UNLESS THE CORPORATION FILES THE INFORMATION NOTICE WITHIN 180 DAYS AFTER THE DATE OF THIS NOTICE.

If the original Information Notice form has been misplaced you may obtain a replacement by checking the appropriate box provided below and returning this communication to the above address.

Monsieur/Madame:

MISE EN DEMEURE

Nos dossiers indiquent que votre association est plus de 30 jours en retard pour déposer l'avis exigé par l'article 5 de la loi sur les renseignements exigés des compagnies et associations qui vous a été envoyé.

VOUS ÊTES PAR LES PRÉSENTES AVISÉ QU'EN VERTU DE L'ARTICLE 317(9) DE LA LOI SUR LES COMPAGNIES ET ASSOCIATIONS, UNE ORDONNANCE DISSOLVANT L'ASSOCIATION SERA ÉTABLIE SI ELLE NE SOUMET PAS D'AVIS DANS LES 180 JOURS SUIVANTS LA DATE DE LA PRÉSENTE MISE EN DEMEURE.

Si le formulaire de l'avis qui vous a été envoyé est égaré vous pouvez en obtenir un autre en cochant la case appropriée ci-dessous et en renvoyant la présente à l'adresse inscrite ci-haut.

Yours truly/Cordialement,

J.FLINT

Manager/Chef
Examination & Notice Section/Section des examens et des avis

TO EXAMINATION AND NOTICE SECTION		SECTION DES VERIFICATIONS ET DES AVIS
Please mail a replacement form to the above address.	☐	Veuillez envoyer un formulaire de remplacement à l'adresse indiquée ci-dessus.
Please mail a replacement form to the following address. (Please print or type)	☐	Veuillez envoyer un formulaire de remplacement à l'adresse suivante. (Veuillez écrire en lettres moulées)

1978-87 | 1979-88 | 1980-89 | 1981-90 | 1982-91 | 1983-92 | 1984-93 | 1985-94 | 1986-95

Ministry of Consumer and Commercial Relations
Ontario

REGISTRATION OR RENEWAL OF BUSINESS NAME OR STYLE

THE CORPORATIONS INFORMATION ACT, 1976, CD. 441

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. RENEWAL IS YOUR RESPONSIBILITY THE REGISTRATION EXPIRY DATE WILL BE SHOWN IN YOUR CERTIFICATE OF REGISTRATION.

THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

07197 (01/80)

1. NAME OR STYLE TO BE REGISTERED
R O B E R T L A N D A C A D E M Y

MINISTRY USE ONLY
SEP 20 1983
SEP 19 1988
PARTNERSHIPS REGISTRY

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME
PRIVATE EDUCATIONAL ESTABLISHMENT

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE
R.R. #3,
Wellandport, Ontario
LOR 2J0

4. INCORPORATING JURISDICTION
Ontario

5. ONTARIO CORPORATION NUMBER
2 6 7 0 0 8

6. NAME OF THE CORPORATION
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

7. MAILING ADDRESS OF THE CORPORATION (See instruction 4)
R.R. #3,
Wellandport, Ontario
POSTAL CODE L 0 R 2 J 0

8. SIGNATURE OF DIRECTOR OR OFFICER
R. Hawey

9. NAME AND TITLE OF THE SIGNING OFFICIAL
Ray Hawey — TREASURER

INSTRUCTIONS AND DEFICIENCY NOTICE ON REVERSE SIDE

NOTWITHSTANDING THIS REGISTRATION THE CORPORATION MUST USE ITS CORPORATE NAME ON ALL CONTRACTS, INVOICES, NEGOTIABLE INSTRUMENTS AND ORDERS FOR GOODS OR SERVICES ISSUED OR MADE BY OR ON BEHALF OF THE CORPORATION.

SEE SECTION 2 (4) OF THE CORPORATIONS INFORMATION ACT 1976.

Ministry of Consumer and Commercial Relations

Ministère de la Consommation et du Commerce

Ontario Corporation Number

267008

Numéro ontarien de l'association

Supplementary Letters Patent

Lettres patentes supplémentaires

By virtue of the powers vested in me under the Corporations Act, I do by these Supplementary Letters Patent amend the Letters Patent issued to

En vertu des pouvoirs qui me sont conférés par la Loi sur les compagnies et associations, j'amende, par les présentes lettres patentes supplémentaires, les lettres patentes déjà accordées à

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

as set out in the application which is attached hereto and which forms part of these Supplementary Letters Patent.

comme indiqué dans la demande ci-jointe, qui fait partie intégrante desdits lettres patentes supplémentaires.

Date/Daté: **November 28 novembre 1983.**

Robert G. Elgie, M. D.

Minister
Ministre

per/par:

E. J. Wells, LL.B., Director

For Ministry Use Only
A l'usage exclusif du ministère

Ontario Corporation Number
Numéro de la compagnie ou association en Ontario

267008

1.

Trans. Code
C
18

Form 3
Corporations Act
Formulaire numéro 3
Loi sur les compagnies et associations

APPLICATION FOR SUPPLEMENTARY LETTERS PATENT
REQUÊTE EN VUE D'OBTENIR DES LETTRES PATENTES SUPPLÉMENTAIRES

1. Name of the applicant corporation / Nom de la compagnie ou association requérante:

THE CREATIVE CENTRE FOR
LEARNING AND DEVELOPMENT

2. Date of incorporation/amalgamation:
Date de constitution ou de fusion: 23 (day/jour) February (month/mois) 1973 (year/année)

3. The resolution authorizing this application was confirmed by the shareholders/members of the corporation on
La résolution autorisant cette requête a été ratifiée par les actionnaires de la compagnie ou les membres de l'association le

27 October 1983
(day/jour) (month/mois) (year/année)

under section 131 of the Corporations Act.
aux termes de l'article de la loi sur les compagnies et associations.

4. The corporation applies for the issue of supplementary letters patent to provide as follows:
La compagnie ou association demande la délivrance de lettres patentes supplémentaires autorisant ce qui suit:

RESOLVED THAT the Letters Patent of the Corporation issued on February 23, 1973, be and the same are hereby amended by adding thereto the following provisions with respect to the Board of Directors:

(1) Directors shall hereinafter be known as Governors; the Board of Directors shall hereinafter be known as the Board of Governors.

(2) The Governors of the Corporation shall be elected and shall retire in rotation and at the first meeting of the members of the Corporation for the election of

07108

Governors following the date hereof, that not less than three (3) Governors shall be elected to hold office for a term of three (3) years from the date of their election, or until the first annual meeting of members after such date, whichever first occurs; and

Not less than three (3) Governors shall be elected to hold office for a term of two (2) years from the date of their election or until the annual meeting after such date, whichever first occurs; and

Not less than three (3) Governors shall be elected to hold office for a term of one (1) year from the date of their election or until the next annual meeting after such date, whichever first occurs; and

Thereafter, at each annual meeting of members, Governors shall be elected to fill the positions of those Governors whose terms of office have expired and each Governor so elected shall hold office for a term of three (3) years, or until the third annual meeting after his or her election, whichever first occurs;

provided that no Governor shall hold office for more than two (2) consecutive terms.

(3) All by-laws of the Corporation shall be deemed to be amended to the extent necessary to give full effect to the foregoing.

This application is executed in duplicate.
Cette requête est faite en double exemplaire.

The Creative Centre for Learning and Development
(Name of corporation/Nom de la compagnie ou association)

By:/Par: Steve Kahn — Secretary
(Signature) (Signature) (Description of Office) (Fonction)

A Hamm — Treasurer
(Signature) (Signature) (Description of Office) (Fonction)

(corporate seal)
(apposer le sceau de la compagnie ou association)

07108

267008

Holden, Ford
Barristers and Solicitors

THOMAS M. HOLDEN, Q.C.
JOHN P.H. FORD, Q.C.

COUNSEL
MURRAY J. HAESLER, Q.C.

OAKVILLE (416) 845-3475
MILTON (416) 878-8421

125 NAVY STREET, OAKVILLE L6J 2Z5
196 MAIN STREET, MILTON L9T 1N8
ONTARIO

PLEASE REPLY: 196 Main Street,
Milton L9T 1N8

267008

November 23, 1983

114116 11/28/83 306
81123 $50.00
CHECK $50.00

Companies Service Branch,
Ministry of Consumer and Commercial Relations,
555 Yonge Street,
Toronto, Ontario M7A 2H6

Dear Sirs: Re: The Creative Centre for Learning and Development

We enclose herewith:

1. Application for Supplementary Letters Patent, in duplicate.

2. Our client's cheque for $50.00 payable to the Treasurer of Ontario.

We would appreciate receiving Supplementary Letters Patent at your early convenience.

Yours very truly,

THOMAS M. HOLDEN

/sgp
encl.

TO: EXAMINATION & NOTICE SECTION
COMPANIES BRANCH
MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS
555 YONGE ST.
TORONTO, ONTARIO M7A 2H6

PLEASE READ
INSTRUCTIONS AND INFORMATION ON REVERSE SIDE

INITIAL NOTICE OR NOTICE OF CHANGE
BY AN ONTARIO CORPORATION

a

FORM 1
CORPORATIONS INFORMATION ACT

1. CORPORATION NAME	2. ONTARIO CORPORATION NUMBER
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT	0267008

3. DATE OF INCORPORATION/AMALGAMATION	4. MANNER OF INCORPORATION/AMALGAMATION	5. JURISDICTION
FEBRUARY 23, 1973	LETTERS PATENT	ONTARIO

6. FULL ADDRESS OF THE HEAD/REGISTERED OFFICE	POSTAL CODE	5. JURISDICTION IF NOT ONTARIO
R. R. # 3, WELLANDPORT, ONTARIO LOR 2JO	L O R 2 J O	EFFECTIVE DATE: JUNE 30/84

7. PRINCIPAL PLACE OF BUSINESS IF DIFFERENT FROM HEAD/REGISTERED OFFICE — POSTAL CODE

8. PRESENT DIRECTORS FULL NAME	*RESIDENT CANADIAN YES	*RESIDENT CANADIAN NO	FULL RESIDENCE ADDRESS	DATE BECAME DIRECTOR
A. WILLIAM BOWMAN			1330 Lakeshore Rd. W., Oakville L6L 1G2	23 02 73
B. JOHN CLINTON			c/o 1867 Yonge St., Toronto, M4S 1Y5	14 11 73
C. FRASER EADIE			2174 Adair Crescent, Oakville L6J 5J7	23 04 83
D. WILLIAM HAWKINS			3320 Lakeland Cr., Burlington L7N 1B8	14 11 73
E. MURRAY McGOVERN			275 Trafalgar Rd., Oakville L6L 3H1	14 11 73
F. BRUCE NICHOLSON			956 Danforth, Burlington L7T 1S8	15 12 81
G. STRUAN RITCHIE			R. R. # 1, Bolton, LOP 1OP	23 11 83

9. PRESENT OFFICERS FULL NAME	FULL RESIDENCE ADDRESS	DATE BECAME OFFICER
JOHN STRATFORD	R.R.#3, Oxbow Road, Brantford N3T 5L6	24 01 80
PRESIDENT: GEORGE SCOTT BOWMAN	R.R.#3, Wellandport LOR 2JO	23 02 73
SECRETARY: STEVEN ROBINSON	General Delivery, Smithville LOR 2AO	01 06 74
TREASURER: RAYMOND HAWEY	117 Cleary Ave., Dunnyille N1A 1A2	01 06 80
GENERAL MANAGER		

10. PERSONS WHO SINCE LAST NOTICE HAVE BEEN BUT ARE NO LONGER DIRECTORS – IF NO CHANGE SINCE LAST NOTICE CHECK BOX ☐

FULL NAME	FULL RESIDENCE ADDRESS	DATE CEASED TO BE DIRECTOR
A. WILLIAM SMY	#702-165 Ontario St., St. Catharines L2R 5K4	27 10 83
B. ROBERT CAMPBELL	#204-6 Forest Laneway, Willowdale M2N 5X9	27 10 83
C. GEORGE SCOTT BOWMAN	R.R.#3, Wellandport LOR 2JO	27 10 83
D. HOWARD SALMON	R. R. #2, Binbrook LOR 1CO	30 6 84
E.		
F.		
G.		

11. PERSONS WHO SINCE LAST NOTICE HAVE BEEN BUT ARE NO LONGER OFFICERS – IF NO CHANGE SINCE LAST NOTICE CHECK BOX ☒

FULL NAME	FULL RESIDENCE ADDRESS	DATE CEASED TO BE OFFICER

RECEIVED
OCT - 2 1984
EXAMINATION AND NOTICE SECTION
COMPANIES BRANCH

FOR MICROFILMING

12. (PRINT NAME IN FULL)

I, THOMAS MILLMAN HOLDEN
CERTIFY THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT

☐ DIRECTOR
☐ OFFICER
☒ OTHER, PERSON HAVING KNOWLEDGE OF THE AFFAIRS OF THE CORPORATION

T. M. Holden
SIGNATURE

* Applies only in the case of corporation with share capital

☐ SEE DEFICIENCY NOTICE ON REVERSE SIDE

07200 (11/83)
CD 444

Ontario

Ministry of Consumer and Commercial Relations / *Ministère de la Consommation et du Commerce*

Registration Division Companies Branch / *Division de l'enregistrement Direction des compagnies*

555 Yonge Street
Toronto, Ontario
M7A 2H6
(416) 963-0543/4

SPECIAL NOTICE BY AN ONTARIO CORPORATION WITHOUT SHARE CAPITAL
AVIS SPÉCIAL D'UNE COMPAGNIE OU ASSOCIATION SANS CAPITAL-ACTIONS

Corporations Information Act
Loi sur les renseignements exigés des compagnies et associations

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT
RR 3
WELLANDPORT ONT

LOR 2J0

Ontario Corporation Number/ *Numéro de la compagnie ou de l'association en Ontario* 267008

Date of Incorporation/Amalgamation *Date de la constitution ou fusion* FEB 23 1973

This Special Notice must be completed in full and returned within 30 days from ~~*A Cet avis spécial doit être rempli et retourné dans les 30 jours à compter du*~~ JUNE 13 1986

☐ **See Deficiency Notice on reverse side/** *Voir l'Avis d'insuffisance de renseignements au verso*

RECEIVED
JUN 27 1986
EXAMINATION AND NOTICE SECTION
COMPANIES BRANCH

1 **Corporation Name/***Raison sociale*

THE CREATIVE CENTRE
FOR LEARNING & DEVELOPMENT
R.R. 3 — WELLANDPORT
ONTARIO

2 **Head Office Address/***Adresse du siège social*

R.R. #3 WELLANDPORT ONTARIO

Postal Code/*Code postal* LOR 2J0

3 **Mailing Address (if different from #2)/***Adresse postale (si différente de 2)*

FOR MICROFILMING

Postal Code/*Code postal*

4

Present Directors' Names / *Nom des administrateurs(trices) actuels*	Residence Address/*Domicile*	Date Elected Director / *Date de l'élection* Day/Jour Month/Mois Year/Année
Fraser Eadie	2174 Adair Cres., Oakville, Ont.	27 / 10 / 83
Bruce Nicholson	956 Danforth Ave., Burlington, Ont.	27 / 10 / 83
Barry Strathdee	379 Swinburne Rd., Burlington, Ont.	02 / 10 / 85
Tom Zeyl	Leslie St., Smithville, Ont.	02 / 10 / 85
Doug Earle	108 Wimbleton Rd., Islington, Ont.	02 / 10 / 85
Charles Hoffman	2010 Islington Ave., Weston, Ont.	03 / 01 / 86
Tom Jones	R. R. #1, Bolton, Ont.	03 / 01 / 86

5

Present Officers' Names / *Noms des cadres actuels*	Residence Address/*Domicile*	Date Appointed Officer / *Date de la nomination*
G. Scott Bowman	R. R. #3, Wellandport, Ont.	02 / 10 / 85
James Killip	R. R. #2, Dunnville, Ont.	02 / 10 / 85
Dean Clark	200 Queenmary, Oakville, Ont.	02 / 10 / 85
John Clinton	1378 Shadow Ave., Mississauga, Ont.	02 / 10 / 85
Struan Ritchie	R. R. #1, Bolton, Ont.	02 / 10 / 85

6 I/Je, soussigné(e), Dean E. Clark
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts.*
SIGNATURE ▶ Dean E. Clark

(V) Check appropriate box/*Cochez la case pertinente*

☐ Director/*Administrateur(trice)*
☑ Officer/*Cadre*
☐ Other person having knowledge of the affairs of the Corporation / *Autre personne au courant des affaires de la compagnie ou de l'association*

1978 1979 1980 1981 1982 1983 1984 1985 1986

Ministry of Consumer and Commercial Relations
Ontario

REGISTRATION OR RENEWAL OF BUSINESS NAME OR STYLE THE CORPORATIONS INFORMATION ACT, 1976. CO. 441

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. RENEWAL IS YOUR RESPONSIBILITY. THE REGISTRATION EXPIRY DATE WILL BE SHOWN IN YOUR CERTIFICATE OF REGISTRATION. THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

07197

1. NAME OR STYLE TO BE REGISTERED

CAMP KEEWAYTAN

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME

Private educational establishment

3. HEAD OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE

R.R.#3
Wellandport, Ontario
L0R 2J0

4. INCORPORATING JURISDICTION

Ontario

5. ONTARIO CORPORATION NUMBER

267008

6. NAME OF THE CORPORATION

The Creative Centre for Learning and Development

7. MAILING ADDRESS OF THE CORPORATION

R.R.#3
Wellandport, Ontario
L0R 2J0

8. SIGNATURE OF DIRECTOR OR OFFICER

John Hayter

9. NAME AND TITLE OF THE SIGNING OFFICIAL

John Hayter, President

INSTRUCTIONS AND DEFICIENCY NOTICE ON REVERSE SIDE

MINISTRY USE ONLY

REGISTRATION DATE

DEC 8 1987

EXPIRY DATE

DEC 7 1992

NOTWITHSTANDING THIS REGISTRATION THE CORPORATION MUST USE ITS CORPORATE NAME ON ALL CONTRACTS, INVOICES, NEGOTIABLE INSTRUMENTS AND ORDERS FOR GOODS OR SERVICES ISSUED OR MADE BY OR ON BEHALF OF THE CORPORATION.

SEE SECTION 2(4) OF THE CORPORATIONS INFORMATION ACT 1976.

Ministry of Consumer and Commercial Relations — Ministère de la Consommation et du Commerce — Companies Branch — Direction des Compagnies — Ontario

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

NOTE/REMARQUE: 1 Check appropriate box at right/*Cocher la case pertinente à droite.*
2 All items below must be answered/*Prière de remplir toutes les rubriques ci-dessous.*

S

☐ **Initial Notice/** ***Avis initial***
OR/OU
☒ **Notice of Change/** ***Avis de modification***

1 Corporation Name/*Dénomination sociale de la compagnie ou de l'association*
The Creative Centre for Learning and Development

2 Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
267008

3 Date of incorporation, amalgamation or continuation
Date de constitution, de fusion ou de prorogation
23rd February, 1973
(day/*jour*, month/*mois*, year/*année*)

4 Manner of incorporation, amalgamation or continuation
Mode de constitution, de fusion ou de prorogation
Letters Patent

5 Full Address of Registered or Head Office/*Adresse complète du siège social*
R.R.#3
Wellandport, Ontario
Postal Code/*Code postal* L 0 R 2 J 0

6 Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social*
same as above
Postal Code/*Code postal*

7 Present Directors' Full Names / *Noms et prénoms des administrateurs actuels*	★Canadian Resident / *Résidence canadienne* (Yes/Oui)	(No/Non)	Full Residence Address / *Adresse personnelle au complet*	Date Elected Director / *Date de l'élection de l'administrateur*
see list attached				

8 Present Officers' Full Names / *Noms et prénoms des dirigeants actuels* see list attached	Full Residence Address / *Adresse personnelle au complet*	Date Appointed Officer / *Date de nomination du dirigeant*
President/*Président*		
Secretary/*Secrétaire*		
Treasurer/*Trésorier*		

FOR MICROFILMING

RECEIVED
AUG 30 1988
COMPANIES BRANCH

9 Full names of persons who, since last notice, have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Director / *Date de cessation*
n/a		

10 Full names of persons who, since last notice, have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Officer / *Date de cessation*
Dean Clark		

RECEIVED
AUG 10 1988
COMPANIES BRANCH

I/*Je soussigné,* John Hayter
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts.*

Signature ▶ [signature]

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☐ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne ayant connaissance des affaires de la compagnie ou de l'association*

07200 (07/87)

★ Applies only in case of corporation with share capital
Ne remplir que s'il s'agit d'une compagnie à capital social

See Deficiency Notice on reverse side
Voir l'Avis de renseignements complémentaires

267008

GOVERNORS (Directors)		Date Elected Director
John Clinton	1378 Shadow Avenue Mississauga, Ontario	February 1973
Fraser Eadie	2174 Adair Crescent Oakville, Ontario	March 1983
Doug Earle	108 Wimbleton Road Islington, Ontario	October 1985
Charles C. "Bud" Hoffman	2010 Islington Avenue, Suite 200 Weston, Ontario	January 1986
Tom Jones	R.R.#1 Bolton, Ontario	January 1986
Bruce Nicholson	956 Danforth Avenue Burlington, Ontario	January 1982
Struan Ritchie	R.R.#1 Bolton, Ontario	November 1983
Barry Strathdee	379 Swinburne Road Burlington, Ontario	November 1984
Kenneth Weber	R.R.#1, Bolton, Ontario	August 1987
Robert J. A. Wildman	181 University Avenue, Suite 2100 Toronto, Ontario	April 1987
Stephen Zweig	129 Argonne Crescent Willdowdale, Ontario	April 1987

OFFICERS			Date Elected Officer
Chairman	Fraser Eadie	2174 Adair Crescent Oakville, Ontario	October 1986
Vice Chairman	Struan Ritchie	R.R.#1 Bolton, Ontario	October 1986
President, Executive Director	John Hayter	5 Oak Lane Fonthill, Ontario	October 1987
Vice-President	Scott Bowman	R.R.#3 Wellandport, Ontario	October 1987
Secretary-Treasurer	Jim Killip	R.R.#2 Dunville, Ontario	October 1986

(Dean Clark having resigned as Secretary-Treasurer)

Page continued overleaf

RECEIVED
AUG 30 1988
COMPANIES BRANCH

RECEIVED
AUG 10 1988
COMPANIES BRANCH

1 2 3 4 | 1978/87 | 1979/88 | 1980/89 | 1981/90 | 1982/91 | 1983/92 | 1984/93 | 1985/94 | 1986/95

Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
Ontario

REGISTRATION OR RENEWAL OF BUSINESS NAME OR STYLE
THE CORPORATIONS INFORMATION ACT, 1976, CO 441
ENREGISTREMENT OU RENOUVELLEMENT DE RAISON SOCIALE EN VERTU DE LA LOI SUR LES RENSEIGNEMENTS EXIGÉS DES COMPAGNIES ET ASSOCIATIONS CO 441

MINISTRY USE ONLY
RÉSERVÉ À L'USAGE DU MINISTÈRE

REGISTRATION DATE
DATE D'ENREGISTREMENT
DEC 2 1988

EXPIRY DATE
DATE D'EXPIRATION
DEC 1 1993

PARTNERSHIPS REGISTRY

1. NAME OR STYLE TO BE REGISTERED *RAISON SOCIALE À ENREGISTRER*
ROBERT LAND ACADEMY

2. BUSINESS ACTIVITY OR SERVICE TO BE CARRIED ON IN OR IDENTIFIED BY THE REGISTERED NAME
AFFAIRES, ENTREPRISE OU SERVICE QU'ELLE A POUR OBJET OU QU'IDENTIFIE LA RAISON SOCIALE ENREGISTRÉE
PRIVATE EDUCATIONAL ESTABLISHMENT

3. HEAD OR REGISTERED OFFICE LOCATION OF THE CORPORATION, GIVING STREET AND NUMBER OR R.R. NUMBER, MUNICIPALITY OR POST OFFICE AND PROVINCE
ADRESSE ENREGISTRÉE DU SIÈGE SOCIAL DE LA COMPAGNIE OU ASSOCIATION INDIQUANT LE NUMÉRO ET LA RUE OU LE NUMÉRO DE R.R., LA MUNICIPALITÉ OU LE BUREAU DE POSTE ET LA PROVINCE
R. R. #3
Wellandport, Ontario L0R 2J0

4. INCORPORATING JURISDICTION
COMPÉTENCE DONT RELÈVE L'ENDROIT OÙ ELLE A ÉTÉ CONSTITUÉE
Ontario

5. ONTARIO CORPORATION NUMBER
NUMÉRO DE LA COMPAGNIE OU DE L'ASSOCIATION EN ONTARIO
2 6 7 0 0 8

6. NAME OF THE CORPORATION
NOM DE LA COMPAGNIE OU ASSOCIATION
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

7. MAILING ADDRESS OF THE CORPORATION (See instruction 4)
ADRESSE POSTALE DE LA COMPAGNIE OU ASSOCIATION (Voir instruction nº 4)
R. R. #3
Wellandport, Ontario
POSTAL CODE/CODE POSTAL
L 0 R 2 J 0

8. SIGNATURE OF DIRECTOR OR OFFICER
SIGNATURE D'UN ADMINISTRATEUR OU D'UN DIRIGEANT
J. C. Hayter

9. NAME AND TITLE OF THE SIGNING OFFICIAL
NOM ET TITRE DU SIGNATAIRE
J. C. Hayter
President & Exec. Dir.

INSTRUCTIONS AND DEFICIENCY NOTICE ON REVERSE SIDE
INSTRUCTIONS ET AVIS D'INSUFFISANCE AU VERSO

THIS REGISTRATION EXPIRES IN FIVE YEARS BUT MAY BE RENEWED. RENEWAL IS YOUR RESPONSIBILITY. THE REGISTRATION EXPIRY DATE WILL BE SHOWN IN YOUR CERTIFICATE OF REGISTRATION.

THE REGISTRATION DOES NOT CONFER ON THE CORPORATION ANY RIGHT TO THE NAME OR STYLE THAT IT DOES NOT OTHERWISE HAVE.

L'ENREGISTREMENT PREND FIN DANS CINQ ANS, MAIS PEUT ÊTRE RENOUVELÉ. IL VOUS INCOMBE D'EN FAIRE LE RENOUVELLEMENT. LA DATE D'EXPIRATION DE L'ENREGISTREMENT EST INDIQUÉE SUR VOTRE CERTIFICAT D'ENREGISTREMENT.

L'ENREGISTREMENT NE CONFÈRE PAS À LA COMPAGNIE OU ASSOCIATION DES DROITS À CETTE RAISON SOCIALE QU'ELLE N'A PAS PAR AILLEURS.

07197 (03/88)

NOTWITHSTANDING THIS REGISTRATION THE CORPORATION MUST USE ITS CORPORATE NAME ON ALL CONTRACTS, INVOICES, NEGOTIABLE INSTRUMENTS AND ORDERS FOR GOODS OR SERVICES ISSUED OR MADE BY OR ON BEHALF OF THE CORPORATION.

SEE SECTION 2(4) OF THE CORPORATIONS INFORMATION ACT 1976.

NONOBSTANT CET ENREGISTREMENT, LA COMPAGNIE OU ASSOCIATION DOIT INDIQUER LE NOM SOUS LEQUEL ELLE EST CONSTITUÉE DANS TOUT CONTRAT, REÇU, VALEUR NÉGOCIABLE ET BON DE COMMANDE DE BIENS OU DE SERVICES ÉMIS OU ÉTABLIS PAR LA COMPAGNIE OU ASSOCIATION OU EN SON NOM.

VOIR L'ARTICLE 2 (4) DE LA LOI DE 1976 SUR LES RENSEIGNEMENTS EXIGÉS DES COMPAGNIES ET ASSOCIATIONS.

Ministry of Consumer and Commercial Relations / Ministère de la Consommation et du Commerce — Companies Branch / Direction des Compagnies — Ontario

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

NOTE/REMARQUE: 1 Check appropriate box at right/*Cocher la case pertinente à droite*
2 All items below must be answered/*Prière de remplir toutes les rubriques ci-dessous*

☐ Initial Notice/*Avis initial*
OR/OU
☒ Notice of Change/*Avis de modification*

1 Corporation Name/*Dénomination sociale de la compagnie ou de l'association*	2 Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT	267008

3 Date of incorporation, amalgamation or continuation/*Date de constitution, de fusion ou de prorogation*	4 Manner of incorporation, amalgamation or continuation/*Mode de constitution, de fusion ou de prorogation*
23 February, 1973 (day/jour, month/mois, year/année)	Letters Patent

5 Full Address of Registered or Head Office/*Adresse complète du siège social* — Postal Code/*Code postal*: L0R 2J0

R. R. #3 Wellandport, Ontario

6 Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social* — Postal Code/*Code postal*

not applicable

7 Present Directors Full Names/*Noms et prénoms des administrateurs actuels*	★Canadian Resident/*Résident canadien* (Yes/Oui, No/Non)	Full Residence Address/*Adresse personnelle au complet*	Date Elected Director/*Date de l'élection de l'administrateur*
see list attached			

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COMPANIES BRANCH

8 Present Officers Full Names/*Noms et prénoms des dirigeants actuels*	Full Residence Address/*Adresse personnelle au complet*	Date Appointed Officer/*Date de nomination du dirigeant*
President/*Président*: John C. Hayter	5 Oak Lane, Fonthill, Ont. L0S 1E0	5 Oct. 87
Secretary/*Secrétaire*: James F. Killip	76 Oswego Park, Dunnville, Ont. N1A 2W2	5 Oct. 87
Treasurer/*Trésorier*: James F. Killip	(same as above)	5 Oct. 87
Vice-President: G. Scott Bowman	R. R. #3 Wellandport, Ont. L0R 2J0	5 Oct. 87

9 Full names of persons who since last notice have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address/*Adresse personnelle au complet*	Date Ceased to be Director/*Date de cessation*
see list attached		

FOR MICROFILMING

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DEC 12 1988
COMPANIES BRANCH

10 Full names of persons who since last notice have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address/*Adresse personnelle au complet*	Date Ceased to be Officer/*Date de cessation*
not applicable		

I, (I, the undersigned/*Je soussigné*) John C. Hayter
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*certifie que les renseignements précédents sont véridiques et exacts*.

Signature ▶ John C. Hayter

▼ Capacity/*Qualité* — Check appropriate box/*Cocher la case appropriée*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne ayant connaissance des affaires de la compagnie ou de l'association*

07200 (07/87)

★ Applies only in case of corporation with share capital/*Ne remplir que s'il s'agit d'une compagnie à capital social*

☒ See Deficiency Notice on reverse side
Voir l'Avis de renseignements complémentaires ▶

267008

PRESENT DIRECTOR' FULL NAMES	Cdn. Res.	ADDRESS	DATE ELECTED
M. Struan Ritchie (Chairman)	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Doug Earle (Vice-Chairman)	Y	108 Wimbleton Road Islington, Ontario M9A 3S6	23 Nov 88
William Heelis	Y	21 Cross Hill Road Fonthill, Ontario L0S 1E0	23 Nov 88
Tom Jones	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Barry Strathdee	Y	379 Swinburne Road Burlington, Ontario L7N 2A2	23 Nov 88
Kenneth Weber	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Robert Wildman	Y	181 University Ave., Ste 2100 Toronto, Ontario	23 Nov 88
Stephen Zweig	Y	129 Argonne Crescent Willowdale, Ontario M2K 2K2	23 Nov 88
William Bates	Y	20 Rupert Street Ottawa, Ontario K1S 1S3	23 Nov 88
William Park	Y	40 White Oak Crescent Welland, Ontario L3C 6E6	23 Nov 88

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PERSONS NO LONGER DIRECTORS	ADDRESS	DATE CEASED TO BE DIRECTOR
Fraser Eadie	2174 Adair Crescent Oakville, Ontario	23 Nov. 88
John Clinton	1378 Shadow Avenue Mississauga, Ontario	23 Nov 88
Charles C. Hoffman	2010 Islington Ave., Ste 2001 Weston, Ontario	23 Nov 88
Bruce Nicholson	956 Danforth Avenue Burlington, Ontario	23 Nov 88

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COMPANIES BRANCH

Ontario Ministry of Consumer and Commercial Relations / Ministère de la Consommation et du Commerce — Companies Branch / Direction des Compagnies

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

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2 Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
267008

3 Date of incorporation amalgamation or continuation
Date de constitution de fusion ou de prorogation
23 February, 1973
(day/*jour* month/*mois* year/*année*)

4 Manner of incorporation amalgamation or continuation
Mode de constitution de fusion ou de prorogation
Letters Patent

5 Full Address of Registered or Head Office/*Adresse complète du siège social*
R R #3, Wellandport, Ontario
Postal Code/*Code postal* L0R 2J0

6 Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social*
not applicable
Postal Code/*Code postal*

7 Present Directors Full Names / *Noms et prénoms des administrateurs actuels*	*Canada Resident Yes/Oui	*Canada Resident No/Non	Full Residence Address / *Adresse personnelle au complet*	Date Elected Director / *Date de l'élection de l'administrateur*
see list attached				

8 Present Officers Full Names / *Noms et prénoms des dirigeants actuels*	Full Residence Address / *Adresse personnelle au complet*	Date Appointed Officer / *Date de nomination du dirigeant*
President/*Président* John C. Mayter	5 Oak Lane, Fonthill, ON L0S 1E0	5 Oct 87
Secretary/*Secrétaire* James F Killip	76 Oswego Park, Dunnville, ON N1A 2W2	5 Oct 87
Treasurer/*Trésorier* James F. Killip	(same as above)	5 Oct 87
Vice-President G Scott Bowman	R R #3, Wellandport, ON L0R 2J0	5 Oct 87

9 Full names of persons who since last notice have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Director / *Date de cessation*
William Meelis	21 Cross Hill Road Fonthill, Ontario L0S 1E0	7 Feb 89

10 Full names of persons who since last notice have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Officer / *Date de cessation*
no change		

FOR MICROFILMING

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FEB 2 0 1989
COMPANIES BRANCH

I/*Je soussigné* John C Mayter
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts*

Signature ▶ J C Mayter

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne au courant des affaires de la compagnie ou de l'association*

☐ See Deficiency Notice on reverse side
Voir l'Avis de renseignements complémentaires

*Applies only in case of corporation with share capital
Ne remplir que s'il s'agit d'une compagnie à capital social

87200 (87/07)

267008

PRESENT DIRECTORS' FULL NAMES	CDN RES	ADDRESS	DATE ELECTED
M Struan Ritchie (Chairman)	Y	R R #1 Bolton, Ontario L0P 1A0	23 Nov 88
Doug Earle (Vice-Chairman)	Y	108 Wimbleton Road Islington, Ontario M9A 3S6	23 Nov 88
Tom Jones	Y	R R #1 Bolton, Ontario L0P 1A0	23 Nov 88
Barry Strathdee	Y	379 Swinburne Road Burlington, Ontario L7N 2A2	23 Nov 88
Kenneth Weber	Y	R R #1 Bolton, Ontario L0P 1A0	23 Nov 88
Robert Wildman	Y	181 University Ave , Ste 2100 Toronto, Ontario	23 Nov 88
Stephen Zweig	Y	129 Argonne Crescent Willowdale, Ontario M2K 2K2	23 Nov 88
William Bates	Y	20 Rupert Street Ottawa, Ontario K1S 1S3	23 Nov 88
William Park	Y	40 White Oak Crescent Welland, Ontario L3C 6E6	23 Nov 88

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FEB 20 1989
CONFEDERATION BRANCH

Ministry of Consumer and Commercial Relations Ontario

Ministère de la Consommation et du Commerce

Companies Branch

Direction des Compagnies

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

NOTE/*REMARQUE*: 1. Check appropriate box at right/*Cocher la case pertinente à droite.*
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3. Return form to/*Renvoyer à la*: Examination and Notice Section, Companies Branch
Section des examens et des avis, Direction des compagnies
Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
393 University Avenue, Toronto, Ontario M7A 2H6

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OR/OU
☑ **Notice of Change/** ***Avis de modification***

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THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT	267008

3. Date of incorporation, amalgamation or continuation *Date de constitution, de fusion ou de prorogation*	4. Manner of incorporation, amalgamation or continuation *Mode de constitution, de fusion ou de prorogation*
23 February, 1973 (day/*jour* month/*mois*, year/*année*)	Letters Patent

5. Full Address of Registered or Head Office/*Adresse complète du siège social*

R. R. #3, Wellandport, Ontario — Postal Code/*Code postal*: L0R 2J0

6. Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social* — Postal Code/*Code postal*

not applicable

7. Present Directors' Full Names *Noms et prénoms des administrateurs actuels*	★Canadian Resident/*Résident canadien* Yes/*Oui*	No/*Non*	Full Residence Address *Adresse personnelle au complet*	Date Elected Director *Date de l'élection de l'administrateur*
see list attached				

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MAR 21 1989
COMPANIES BRANCH

8. Present Officers' Full Names *Noms et prénoms des dirigeants actuels*	Full Residence Address *Adresse personnelle au complet*	Date Appointed Officer *Date de nomination du dirigeant*
President/*Président* John C. Hayter	5 Oak Lane, Fonthill, ON L0S 1E0	5 Oct 87
Secretary/~~Treasurer~~ /Treasurer John C. Hayter	5 Oak Lane, Fonthill, ON L0S 1E0	1 Mar 89
~~Vice-President~~ G. Scott Bowman	R. R. #3, Wellandport, ON L0R 2J0	5 Oct 87

9. Full names of persons who, since last notice, have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address *Adresse personnelle au complet*	Date Ceased to be Director *Date de cessation*
Kenneth Weber	R. R. #1, Bolton, ON L0P 1A0	6 Mar 89

10. Full names of persons who, since last notice, have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address *Adresse personnelle au complet*	Date Ceased to be Officer *Date de cessation*
James F. Killip	76 Oswego Park, Dunnville, ON N1A 2W2	1 Mar 89

FOR MICROFILMING

I/*Je soussigné*, John C. Hayter
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts.*

Signature▶ John C. Hayter

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne au courant des affaires de la compagnie ou de l'association*

★ Applies only in case of corporation with share capital
Ne remplir que s'il s'agit d'une compagnie à capital social

☐ **See Deficiency Notice on reverse side**
Voir l'Avis de renseignements complémentaires

07200 (07/87)

267008

PRESENT DIRECTORS' FULL NAMES	CDN. RES.	ADDRESS	DATE ELECTED
M. Stuart Ritchie (Chairman,	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Doug Earle (Vice-Chairman)	Y	108 Wimbleton Road Islington, Ontario M9A 3S6	23 Nov 88
Tom Jones	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Barry Strathdee	Y	379 Swinburne Road Burlington, Ontario L7N 2A2	23 Nov 88
Robert Wildman	Y	1402 Lorne Park Road Mississauga, Ontario L5H 3B3	23 Nov 88
Stephen Zweig	Y	129 Argonne Crescent Willowdale, Ontario M2K 2K2	23 Nov 88
William Bates	Y	20 Rupert Street Ottawa, Ontario K1S 1S3	23 Nov 88
William Park	Y	40 White Oak Crescent Welland, Ontario L3C 6E6	23 Nov 88

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COMPANIES BRANCH

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Ontario Ministry of Consumer and Commercial Relations / *Ministère de la Consommation et du Commerce*

Companies Branch / *Direction des Compagnies*

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

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Section des examens et des avis, Direction des compagnies
Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
393 University Avenue, Toronto, Ontario M7A 2H6

☐ **Initial Notice/** ***Avis initial***
OR/OU
☒ **Notice of Change/** ***Avis de modification***

1. Corporation Name/*Dénomination sociale de la compagnie ou de l'association*
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

2. Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
267008

3. Date of incorporation, amalgamation or continuation
Date de constitution, de fusion ou de prorogation
23 February, 1973
(day/*jour* month/*mois*, year/*année*)

4. Manner of incorporation, amalgamation or continuation
Mode de constitution, de fusion ou de prorogation
Letters Patent

5. Full Address of Registered or Head Office/*Adresse complète du siège social*
R. R. #3, Wellandport, Ontario
Postal Code/*Code postal* L0R2J0

6. Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social*
n/a
Postal Code/*Code postal*

7. Present Directors' Full Names / *Noms et prénoms des administrateurs actuels*	★Canadian Resident / *Résident canadien* Yes/*Oui*	No/*Non*	Full Residence Address / *Adresse personnelle au complet*	Date Elected Director / *Date de l'élection de l'administrateur*
see list attached				

FOR MICROFILMING

8. Present Officers' Full Names / *Noms et prénoms des dirigeants actuels*	Full Residence Address / *Adresse personnelle au complet*	Date Appointed Officer / *Date de nomination du dirigeant*
President/*Président* John C. Hayter	5 Oak Lane, Fonthill, ON L0S 1E0	5 Oct. 87
Secretary/*Secrétaire* /Treasurer (as above)	(as above)	1 Mar 89
~~Treasurer/Trésorier~~ ~~xxxxxxxx~~ Vice President G. Scott Bowman	~~R. R. #3, Wellandport, ON L0R 2J0~~	~~5 Oct. 87~~

9. Full names of persons who, since last notice, have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Director / *Date de cessation*
n/a		

10. Full names of persons who, since last notice, have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Officer / *Date de cessation*
n/a		

RECEIVED
AUG 16 1989
COMPANIES BRANCH

I/*Je soussigné*, John C. Hayter
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts.*

Signature ▶ JHayter

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne au courant des affaires de la compagnie ou de l'association*

07200 (07/87)

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Ne remplir que s'il s'agit d'une compagnie à capital social

☐ **See Deficiency Notice on reverse side**
Voir l'Avis de renseignements complémentaires

0267008

PRESENT DIRECTORS' FULL NAMES	CDN RES.	ADDRESS	DATE ELECTED
M. Struan Ritchie (Chairman)	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Doug Earle (Vice Chairman)	Y	108 Wimbleton Road Islington, Ontario M9A 3S6	23 Nov 88
Tom Jones	Y	R. R. #1 Bolton, Ontario L0P 1A0	23 Nov 88
Barry Strathdee	Y	379 Swinburne Road Burlington, Ontario L7N 2A2	23 Nov 88
Robert Wildman	Y	1402 Lorne Park Road Mississauga, Ontario L5H 3B3	23 Nov 88
Stephen Zweig	Y	129 Argonne Crescent Willowdale, Ontario M2K 2K2	23 Nov 88
William Bates	Y	20 Rupert Street Ottawa, Ontario K1S 1S3	23 Nov 88
William Park	Y	40 White Oak Crescent Welland, Ontario L3C 6E6	23 Nov 88
Robert Ashby	Y	4 New Street Toronto, Ontario M5R 1P6	01 Aug 88

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AUG 16 1989
COMPANIES BRANCH

Ministry of Consumer and Commercial Relations / Ministère de la Consommation et du Commerce

Companies Branch / Direction des Compagnies

Ontario

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Formule 1 - Loi sur les renseignements exigés des compagnies et associations

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Ministère de la Consommation et du Commerce
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☐ **Initial Notice/** *Avis initial*
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1 Corporation Name/*Dénomination sociale de la compagnie ou de l'association*
The Creative Centre for Learning and Development

2 Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
267008

3 Date of incorporation, amalgamation or continuation
Date de constitution, de fusion ou de prorogation
23 February 1973
(day/*jour* month/*mois*, year/*année*)

4 Manner of incorporation, amalgamation or continuation
Mode de constitution, de fusion ou de prorogation
Letters Patent

5 Full Address of Registered or Head Office/*Adresse complète du siège social*
R R # 3
Wellandport, Ontario
Postal Code/*Code postal* L 0 R 2 J 0

6 Principal Place of Business if different from Registered or Head Office/*Etablissement commercial principal s'il est différent du siège social*
Postal Code/*Code postal*

7 Present Directors' Full Names / *Noms et prénoms des administrateurs actuels*	★Canadian (Yes/Oui) Resident (Yes/Oui)		Full Residence Address / *Adresse personnelle au complet*	Date Elected Director / *Date de l'élection de l'administrateur*
See schedule attached				26 OCT 89

8 Present Officers' Full Names / *Noms et prénoms des dirigeants actuels*	Full Residence Address / *Adresse personnelle au complet*	Date Appointed Officer / *Date de nomination du dirigeant*
President/*Président* John Hayter	R R # 3 Wellandport, Ontario	26 OCT 89
Secretary/*Secrétaire* Scott Hayter	167 Larchwood Circle, Welland, Ont	26 OCT 89
Treasurer/*Trésorier* Scott Hayter	167 Larchwood Circle, Welland, Ont	26 OCT 89
Vice-President - G. Scott Bowman	R R # 3 Wellandport, Ontario	26 OCT 89

9 Full names of persons who, since last notice, have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Director / *Date de cessation*

10 Full names of persons who, since last notice, have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Officer / *Date de cessation*

RECEIVED
NOV 10 1989
COMPANIES BRANCH

I/*Je soussigné*, G. SCOTT BOWMAN
(Print name in full/*Ecrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précédents sont véridiques et exacts*

Signature ▶ G. Scott Bowman

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne au courant des affaires de la compagnie ou de l'association*

07200 (07/87)

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Ne remplir que s'il s'agit d'une compagnie à capital social

☐ **See Deficiency Notice on reverse side**
Voir l'Avis de renseignements complémentaires

267008

GOVERNORS

Bob Ashby	3 Lynde Court, Whitby, Ontario
William Bates	20 Ruport Street, Ottawa, Ontario
Doug Earle	108 Wimbleton Road, Islington, Ontario
Tom Jones	R R # 1, Bolton, Ontario
Struan Ritchie	R R # 1, Bolton, Ontario
Barry Strathdee	379 Swinburne Road, Burlington, Ontario
Robert J.A. Wildman	181 University Ave, Suite 2100, Toronto, Ontario
Stephen Zweig	129 Argonne Crescent, Willowdale, Ontario
William Park	40 White Oak Crescent, Welland, Ontario

OFFICERS

Chairman	Struan Ritchie R R # 1 Bolton, Ontario
Vice Chairman	Doug Earle 108 Wimbleton Road Islington, Ontario
President, Executive Director	John Hayter 5 Oak Lane Fonthill, Ontario
Vice-President	Scott Bowman R R # 3 Wellandport, Ontario
Secretary-Treasurer	Scott Hayter 167 Larchwood Circle Welland, Ontario

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COMPANIES BRANCH

Ministry of Consumer and Commercial Relations / Ministère de la Consommation et du Commerce — Companies Branch / Direction des Compagnies

Ontario

Form 1 - Corporations Information Act
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R R #3,
Wellandport, Ontario

Postal Code/*Code postal*: L 0 R 2 J 0

6 Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social*

Postal Code/*Code postal*:

7 Present Directors Full Names *Noms et prénoms des administrateurs actuels*	★Canadian Resident *Résident canadien* Yes/*Oui*	No/*Non*	Full Residence Address *Adresse personnelle au complet*	Date Elected Director *Date de l'élection de l'administrateur*
See schedule attached				

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OCT 0 9 1990
COMPANIES BRANCH

8 Present Officers Full Names *Noms et prénoms des dirigeants actuels*	Full Residence Address *Adresse personnelle au complet*	Date Appointed Officer *Date de nomination du dirigeant*
President/*Président* G Scott Bowman	R R #3, Wellandport, Ont	27 Sep 90
Secretary/*Secrétaire* J Scott W Hayter	167 Larchwood Circle, Welland	27 Sep 90
Treasurer/*Trésorier* J Scott W Hayter	167 Larchwood Circle, Welland	27 Sep 90

9 Full names of persons who since last notice have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address *Adresse personnelle au complet*	Date Ceased to be Director *Date de cessation*
B Strathdee	379 Swinburne Road, Burl	27 Sep 90

10 Full names of persons who since last notice have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address *Adresse personnelle au complet*	Date Ceased to be Officer *Date de cessation*
J (John) Hayter	5 Oak Lane, Fonthill, Ont	27 Sep 90

I/*Je soussigné* G Scott Bowman
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts*

Signature ▶ G Scott Bowman

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne au courant des affaires de la compagnie ou de l'association*

★ Applies only in case of corporation with share capital
Ne remplir que s'il s'agit d'une compagnie à capital social

☐ See Deficiency Notice on reverse side
Voir l'Avis de renseignements complémentaires

07200 (87/47)

267008

SCHEDULE

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

PRESENT DIRECTORS' FULL NAMES	CANADIAN RESIDENT	FULL RESIDENCE ADDRESS	DATE ELECTED DIRECTOR
RITCHIE, M Struan	X	R R #1, Bolton, Ontario L0P 1A0	27 Sep 90
EARLE, Doug	X	108 Wimbleton Road Islington, Ontario M9A 3S6	27 Sep 90
JONES, Tom	X	R R #1, Bolton Ontario L0P 1A0	27 Sep 90
WILDMAN, Robt	X	1402 Lorne Park Road Mississauga, Ontario L5H 3B3	27 Sep 90
ZWEIG, Stephen	X	129 Argonne Cres Willowdale, Ontario M2K 2K2	27 Sep 90
PARK Wm	X	40 White Oak Cres Welland, Ontario L3C 6E6	27 Sep 90
BATES, Wm	X	20 Rupert Street Ottawa, Ontario K1S 1S3	27 Sep 90
ASHBY, Robert	X	3 Lynde Court Whitby, Ontario L1N 3H6	27 Sep 90
HAYTER, John	X	5 Oak Lane Fonthill, Ontario L0S 1E0	27 Sep 90
PAGE, Eugene	X	10 Kingscourt Drive Islington, Ontario M8X 2P6	27 Sep 90

RECEIVED 2
OCT 09 1990
COMPANIES BRANCH

Ministry of Consumer and Commercial Relations / *Ministère de la Consommation et du Commerce*
Ontario
Companies Branch / *Direction des Compagnies*

Form 1 - Corporations Information Act
Formule 1 - Loi sur les renseignements exigés des compagnies et associations

NOTE/REMARQUE: 1. Check appropriate box at right/*Cocher la case pertinente à droite.*
2. All items below must be answered/*Prière de remplir toutes les rubriques ci-dessous.*
3. Return form to/*Renvoyer à la:* Examination and Notice Section, Companies Branch
Section des examens et des avis, Direction des compagnies
Ministry of Consumer and Commercial Relations
Ministère de la Consommation et du Commerce
393 University Avenue, Toronto, Ontario M7A 2H6

FOR MICROFILMING

☐ **Initial Notice/** ***Avis initial***
OR/OU
☒ **Notice of Change/** ***Avis de modification***

1: Corporation Name/*Dénomination sociale de la compagnie ou de l'association*
THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

2. Ontario Corporation Number/*Numéro matricule de la compagnie ou de l'association en Ontario*
267008

3. Date of incorporation, amalgamation or continuation
Date de constitution, de fusion ou de prorogation
23 FEBRUARY 1973
(day/*jour* month/*mois*, year/*année*)

4. Manner of incorporation, amalgamation or continuation
Mode de constitution, de fusion ou de prorogation
LETTERS PATENT

5. Full Address of Registered or Head Office/*Adresse complète du siège social*
RURAL ROUTE #3,
WELLANDPORT, ONTARIO
Postal Code / *Code postal*: L0R 2J0

6. Principal Place of Business if different from Registered or Head Office/*Établissement commercial principal s'il est différent du siège social*
NOT APPLICABLE
Postal Code / *Code postal*:

7. Present Directors' Full Names / *Noms et prénoms des administrateurs actuels*	★Canadian Resident / *Résident canadien* Yes/*Oui*	No/*Non*	Full Residence Address / *Adresse personnelle au complet*	Date Elected Director / *Date de l'élection de l'administrateur*
SEE ATTACHED SCHEDULE				8 MAY 1992
FOR COMPLETE LIST				

8. Present Officers' Full Names / *Noms et prénoms des dirigeants actuels*	Full Residence Address / *Adresse personnelle au complet*	Date Appointed Officer / *Date de nomination du dirigeant*
President/*Président* GEORGE SCOTT BOWMAN	R.R.#3, WELLANDPORT, ONT.	8 MAY 1992
Secretary/*Secrétaire* JOHN SCOTT WELLINGTON HAYTER	6 HICKORY COURT, WELLAND, ONT	8 MAY 1992
Treasurer/*Trésorier* JOHN SCOTT WELLINGTON HAYTER	6 HICKORY COURT, WELLAND, ONT	8 MAY 1992

9. Full names of persons who, since last notice, have been but are no longer directors/*Noms et prénoms des personnes qui depuis le dernier avis étaient administrateurs mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Director / *Date de cessation*
WM. BATES	20 RUPERT ST., OTTAWA, ONT	8 MAY 1992
EUGENE PAGE	10 KINGSCOURT DR., ISLINGTON, ONT.	8 MAY 1992

10. Full names of persons who, since last notice, have been but are no longer officers/*Noms et prénoms des personnes qui depuis le dernier avis étaient dirigeants mais ne le sont plus*	Full Residence Address / *Adresse personnelle au complet*	Date Ceased to be Officer / *Date de cessation*
NO CHANGE		

I/*Je soussigné*, GEORGE SCOTT BOWMAN
(Print name in full/*Écrire le nom au complet en caractères d'imprimerie*)
certify that the information herein contained is true and correct/*atteste que les renseignements précités sont véridiques et exacts*.

Signature ▶ [signature]

▼ Check appropriate box/*Cocher la case pertinente*
☐ Director/*Administrateur*
☒ Officer/*Dirigeant*
☐ Other person having knowledge of the affairs of the Corporation/*Autre personne ayant connaissance des affaires de la compagnie ou de l'association*

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MAY 29 1992
COMPANIES BRANCH

★ Applies only in case of corporation with share capital
Ne remplir que s'il s'agit d'une compagnie à capital social

☐ **See Deficiency Notice on reverse side**
Voir l'Avis de renseignements complémentaires

07200 (07/87)

FOR MICROFILMING

267008

SCHEDULE

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

PRESENT DIRECTORS' FULL NAME	CANADIAN RESIDENT	FULL RESIDENCE ADDRESS	DATE ELECTED DIRECTOR
RITCHIE, M. Struan	X	R. R. #1, Bolton, Ontario L0P 1A0	8 May 92
EARLE, Doug	X	108 Wimbleton Road Islington, Ontario M9A 3S6	8 May 92
JONES, Tom	X	R. R. #1, Bolton, Ontario L0P 1A0	8 May 92
WILDMAN, Rob	X	1402 Lorne Park Road Mississauga, Ontario L5H 3B3	8 May 92
ZWEIG, Stephen	X	7 Barristers Court Thornhill, Ontario L3T 5X3	8 May 92
PARK, Wm.	X	40 White Oak Crescent Welland, Ontario L3C 6E6	8 May 92
ASHBY, Robert	X	3 Lynde Court Whitby, Ontario L1N 3H6	8 May 92
HAYTER, John	X	5 Oak Lane Fonthill, Ontario L0S 1E0	8 May 92
SWAYE, Gerald	X	19 Robinhood Drive Dundas, Ontario L9H 4G2	8 May 92
MONAGHAN, Mark	X	4300 Taffey Crescent Mississauga, Ontario L5L 2B7	8 May 92
SNOWDEN, Richard	X	425 Masson Street Oshawa, Ontario L1G 4Z7	8 May 92

RECEIVED 7
MAY 29 1992
COMPANIES BRANCH

Ministry of Consumer and Commercial Relations
Ontario
Ministère de la Consommation et du Commerce

Registration under the Business Names Act (Corporations)

Enregistrement en vertu de la Loi sur les noms commerciaux (Personnes morales)

Form/Formule 2

1 Business or identification name/Nom commercial ou d'identification
CAMP KEEWAYTAN

Ministry use only/Réservé au ministère

2 Activity carried on under business or identification name/Activité exercée sous le nom commercial ou d'identification
Private educational establishment

3 Name of corporation/Dénomination de la personne morale
The Creative Centre for Learning and Development

4 Mailing address of the corporation/Adresse postale de la personne morale
R R #3
Wellandport, Ontario
Postal Code/Code postal
L0R - 2J0

5 Registration type/Type d'enregistrement
A ☐ New/Nouvel
B ☒ Renewal/Renouvellement
C ☐ Amendment/Modification
D ☐ Cancellation:include date of last use of name Révocation Nom employé pour la dernière fois le
Date

6 Ontario corporation number/Numéro matricule de la personne morale
2 6 7 0 0 8

7 Incorporating jurisdiction/Ressort de constitution
Ontario

8 Date of first use of name (year month day) Nom employé pour la première fois le (année mois jour)
1973 February

Ministry use only/Réservé au ministère
Registration Date/Date d'enregistrement
SEPT 30 1992
Expiry Date/Date d'expiration
SEPT 29 1997

9 Head or registered office address of the corporation/Adresse du siège social de la personne morale
R R #3,
Wellandport, Ontario
Postal Code/Code postal
L0R - 2J0

10 Address of principal place of business in Ontario/Adresse de l'établissement principal en Ontario
Same as above
Postal Code/Code postal
-

11 Signature of authorized signing officer/Signature du signataire autorisé

12. Name of the signing officer/Nom du signataire
J Scott W Hayter

07197(94/08) CB 441

Ontario

Ministry of Consumer and Commercial Relations | Ministère de la Consommation et du Commerce | Companies Branch, 375 University Avenue, 2 Floor, Toronto ON M7A 2H5 | Direction des compagnies, 375, avenue University, 2e étage, Toronto ON M7A 2H5

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Page/Page 1 of/de 8

Form 1 - Ontario Corporation/ Formule 1 - Personnes morales en Ontario

Initial Notice/Notice of Change/ Avis initial/Avis de modification Corporations Information Act/Loi sur les renseignements exigés des personnes morales

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

1.

	Initial Notice / Avis initial	Notice of Change / Avis de modification
Business Corporations/ Société par actions		
Not-For-Profit Corporation/ Personne morale sans but lucratif		X

For Ministry Use Only / À l'usage du ministère seulement

2. Ontario Corporation Number / Numéro matricule de la personne morale en Ontario: 267008

3. Offering/ Appel à l'épargne: Yes/Oui [ ] No/Non [ ]

4. Date of Incorporation/ Amalgamation or Continuation/ Date de constitution/fusion ou prorogation (Year/Année Month/Mois Day/Jour): 1973 02 23

5. Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

6. Address of Registered or Head Office/Adresse du siège social

c/o / attn:

Street Number/Numéro civique: 6726
Street Name/Nom de la rue: SOUTH CHIPPEWA ROAD
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite): R. R. #3,
City/Town/Ville: WELLANDPORT
ONTARIO, CANADA
Postal Code/Code postal: L0R 2J0

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FEB 01 1993
COMPANIES BRANCH

7. Principal Place of Business in Ontario/Adresse du bureau d'affaire principal en Ontario

[X] Same as Registered or Head Office/ Même que celle du siège social
[ ] Not Applicable/ Ne s'applique pas

Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville:
ONTARIO, CANADA
Postal Code/Code postal:

8. Activity Classification Code/Code de classification des activités

A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	Q	R
													X			

9. Language of Preference/Langue préférée

English - Anglais [X]
French - Français [ ]
None of the Above / Aucun de ces choix [X]

10. Information on Directors/Officers must be completed on Schedule A. If additional space is required, photocopy Schedule A./Renseignements relatifs aux administrateurs/dirigeants doivent être inscrits à l'annexe A. Si vous avez besoin de plus d'espace, photocopiez l'annexe A.

Number of Schedule A(s) submitted/Nombre d'annexes A présentées: 7 (At least one Schedule A must be submitted/Au moins une annexe A doit être présentée)

11. I, Je soussigné (Type name in full/Inscrire les noms et prénoms en caractère d'imprimerie): GEORGE SCOTT BOWMAN

certify that the information set out herein, is true and correct.
Atteste que les renseignements précités sont véridiques et exacts.

Signature

Check appropriate box / Cocher la case pertinente

D) [ ] Director/Administrateur
O) [X] Officer /Dirigeant
P) [ ] Other individual having knowledge of the affairs of the Corporation/Autre personne ayant connaissance des activités de la personne morale

NOTE/REMARQUE: Sections 13 & 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions. Les articles 13 & 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fausse ou trompeuse, ou d'omission.

FOR MINISTRY USE ONLY / À L'USAGE DU MINISTÈRE SEULEMENT [ ] See Deficiency Letter enclosed / Voir l'avis d'irrégularité ci-joint

07200(05/92)

5

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

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Page/Page 2 of/de 8

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation	For Ministry Use Only / À l'usage du ministère seulement
	267008	Year/Année 1973 Month/Mois 02 Day/Jour 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: BOWMAN
First Name/Prénom: GEORGE
Middle Names/Autres prénoms: SCOTT
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): C/O R. R. #3,
Suite/Bureau:
City/Town/Ville: WELLANDPORT
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0R 2J0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: ☐ YES/OUI ☐ NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection: Year/Année 19
Date Ceased/Date de cessation: Year/Année 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année, Month/Mois, Day/Jour)	1992 11 19	19	19	19	19
Date Ceased/Date de cessation (Year/Année, Month/Mois, Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HAYTER
First Name/Prénom: JOHN
Middle Names/Autres prénoms: SCOTT WELLINGTON
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 6 HICKORY COURT
Suite/Bureau:
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6S9

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: ☐ YES/OUI ☐ NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d' élection: Year/Année 19
Date Ceased/Date de cessation: Year/Année 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année, Month/Mois, Day/Jour)	19	1992 11 19	1992 11 19	19	19
Date Ceased/Date de cessation (Year/Année, Month/Mois, Day/Jour)	19	19	19	19	19

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À l'usage du ministère seulement

Initials/Paraphes
LI ___ OA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only / À l'usage du ministère seulement Page/Page 3 of/de 8

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
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For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: RITCHIE
First Name/Prénom: M.
Middle Names/Autres prénoms: STRUAN
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): R. R. #1,
Suite/Bureau:
City/Town/Ville: BOLTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0P 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19 92 11 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: EARLE
First Name/Prénom: DOUG
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 108 WIMBLETON ROAD
Suite/Bureau:
City/Town/Ville: ISLINGTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: M9A 3S6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résioent canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d' élection (Year/Année Month/mois Day/jour): 19 92 11 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

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Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

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All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: JONES
First Name/Prénom: TOM
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): R. R. #1,
Suite/Bureau:
City/Town/Ville: BOLTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0P 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1992 11 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: WILDMAN
First Name/Prénom: ROB
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 1402 LORNE PARK ROAD
Suite/Bureau:
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5H 3B3

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1992 11 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only / À l'usage du ministère seulement

Initials/Paraphes: LI ___ QA ___ DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

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Page/Page 2 of/de 8

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: PARK
First Name/Prénom: WILLIAM
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 40 WHITE OAK CRESCENT
Suite/Bureau:
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6E6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1992 11 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HAYTER
First Name/Prénom: JOHN
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 5 OAK LANE
Suite/Bureau:
City/Town/Ville: FONTHILL
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0S 1E0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

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Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
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Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
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Page/Page 8 of/de 8

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1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: SWAYE
First Name/Prénom: GERALD
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 19 ROBINHOOD DRIVE
Suite/Bureau:
City/Town/Ville: DUNDAS
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L9H 4G2

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1992 11 19
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Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
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DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: MONAGHAN
First Name/Prénom: MARK
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 4300 TAFFEY CRESCENT
Suite/Bureau:
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5L 2B7

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
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Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

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1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: ZWEIG
First Name/Prénom: STEPHEN
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 7 BARRISTERS COURT
Suite/Bureau:
City/Town/Ville: THORNHILL
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3T 5X3

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
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Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
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DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: ASHBY
First Name/Prénom: ROB
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 3 LYNDE COURT
Suite/Bureau:
City/Town/Ville: WHITBY
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L1N 3H6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

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Officer Information/Renseignements relatifs aux dirigeants

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Initials/Paraphes: LI ___ QA ___ DE ___ VER ___

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Schedule A/Annexe A

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Page/Page 1 of/de 2

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1	267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: SNOWDEN
First Name/Prénom: RICHARD
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite): 425 MASSON STREET
Suite/Bureau:
City/Town/Ville: OSHAWA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L1G 4Z7

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

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Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
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DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille:
First Name/Prénom:
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville:
Province, State/Province, État:
Country/Pays:
Postal Code/Code postal:

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [ ] YES/OUI [ ] NO/NON
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Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Ontario Ministry of Consumer and Commercial Relations | Ministère de la Consommation et du Commerce | Companies Branch PO BOX 1018 STN B TORONTO ON M5T 3E6 | Direction des compagnies CP 1018 SUCC B TORONTO ON M5T 3E6

Special Notice/Avis spécial

Corporations Information Act/Loi sur les renseignements exigés des personnes morales

X 6

Form 1 - ONTARIO CORPORATION/ Formule 1 - PERSONNES MORALES EN ONTARIO

Type or print all information in block capital letters using black ink.
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For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	1. Offering/ Appel à l'épargne Yes/Oui	No/Non	Date of Incorporation, Amalgamation or Continuation/ Date de constitution, fusion ou prorogation Year/Année	Month/Mois	Day/Jour
B 7	000267008			1973	02	23

For Ministry Use Only / À l'usage du ministère seulement

RECEIVED
APR 02 1993
COMPANIES BRANCH

Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT

2. Address of Registered or Head Office/Adresse du siège social

c/o / attn

Street No./N° civique: 6726 | Street Name/Nom de la rue: SOUTH CHIPPEWA ROAD | Suite/Bureau:

Street Name (cont'd)/Nom de la rue (suite): R. R. #3,

City/Town/Ville: WELLANDPORT | ONTARIO, CANADA

Postal Code/Code postal: L0R 2J0

2468 M04 04/07/93 CHEQUE 25.00

3. Principal Place of Business in Ontario/Adresse du bureau d'affaire principal en Ontario

[X] Same as Registered or Head Office/ Même que celle du siège social
[ ] Not Applicable/ Ne s'applique pas

Street No./N° civique:

Street Name/Nom de la rue: | Suite/Bureau:

Street Name (cont'd)/Nom de la rue (suite):

City/Town/Ville: | ONTARIO, CANADA | Postal Code/Code postal:

4. Activity Classification Code/Code de classification des activités

A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	Q	R
													X			

5. Language of Preference/Langue préférée

English - Anglais [X] French - Français [ ]

None of the Above / Aucun de ces choix [ ]

6. Information on Directors/Officers must be completed on Schedule A. **If additional space is required, photocopy Schedule A./**Renseignements relatifs aux administrateurs/dirigeants doivent être inscrits à l'annexe A. **Si vous avez besoin de plus d'espace, photocopiez l'annexe A.**

Number of Schedule A(s) submitted/Nombre d'annexes A présentées: 5 (At least one Schedule A must be submitted/Au moins une annexe A doit être présentée)

7. (Type name in full/Inscrire les noms et prénoms en caractère d'imprimerie)

I, Je soussigné: GEORGE SCOTT BOWMAN

certify that the information set out herein, is true and correct.
atteste que les renseignements précités sont véridiques et exacts.

Signature

Check appropriate box / Cocher la case pertinente

D) [ ] Director/Administrateur
O) [X] Officer /Dirigeant
P) [ ] Other individual having knowledge of the affairs of the Corporation/Autre personne ayant connaissance des activités de la personne morale

NOTE/REMARQUE: Sections 13 & 14 of the **Corporations Information Act** provide penalties for making false or misleading statements or omissions. Les articles 13 & 14 de la **Loi sur les renseignements exigés des personnes morales** prévoient des peines en cas de déclaration fausse ou trompeuse, ou d'omission.

FOR MINISTRY USE ONLY / À L'USAGE DU MINISTÈRE SEULEMENT [ ] See Deficiency Letter enclosed / Voir l'avis d'irrégularité ci-joint

07204(52)

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
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Page/Page 2 of/de 6

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B 7	000267008	Year/Année 1973 Month/Mois 02 Day/Jour 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: RITCHIE
First Name/Prénom: M.
Middle Name/Autres prénoms: STRUAN
Street No./N° civique:
Street Name/Nom de la rue: R. R. #1,
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: BOLTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0P 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: X YES/OUI ☐ NO/NON
(Resident Canadian applies to directors of business corporations only./(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date First Elected/Date de première élection: Year/Année 19 92 Month/Mois 11 Day/Jour 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: EARLE
First Name/Prénom: DOUG
Middle Name/Autres prénoms:
Street No./N° civique: 108
Street Name/Nom de la rue: WIMBLETON ROAD
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: ISLINGTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: M9A 3S6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: X YES/OUI ☐ NO/NON
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B 7	000267008	Year/Année 1973 Month/Mois 02 Day/Jour 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: WILDMAN
First Name/Prénom: ROB
Middle Name/Autres prénoms:
Street No./N° civique: 1402
Street Name/Nom de la rue: LORNE PARK ROAD
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5H 3B3

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: X YES/OUI ☐ NO/NON

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DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: PARK
First Name/Prénom: WILLIAM
Middle Name/Autres prénoms:
Street No./N° civique: 40
Street Name/Nom de la rue: WHITE OAK CRESCENT
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6E6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: X YES/OUI ☐ NO/NON

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Initials/Paraphes
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Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

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Page/Page 4 of/de 6

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B 1 7	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: BOWMAN
First Name/Prénom: GEORGE
Middle Name/Autres prénoms: SCOTT
Street No./N° civique:
Street Name/Nom de la rue: C/O R. R. #3,
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: WELLANDPORT
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0R 2J0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: [ ] YES/OUI [ ] NO/NON
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Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/ DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/ Date de nomination (Year/Année Month/Mois Day/Jour)	19 92 11 19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HAYTER
First Name/Prénom: JOHN
Middle Name/Autres prénoms: SCOTT WELLINGTON
Street No./N° civique: 6
Street Name/Nom de la rue: HICKORY COURT
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6S9

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: [ ] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/ (Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date First Elected/ Date de première élection (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/ DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/ Date de nomination (Year/Année Month/Mois Day/Jour)	19	19 92 11 19	19 92 11 19	19	19

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Initials/Paraphes
LI ____ QA ____
DE ____ VER ____

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

For Ministry Use Only / À l'usage du ministère seulement
Page/Page 5 of/de 6

Type or print all information in block capital letters using black ink.
Tous les renseignements doivent être dactylographiés ou écrits en gros caractères imprimés, à l'encre noire.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation, Amalgamation or Continuation/ Date de constitution, fusion ou prorogation (Year/Année, Month/Mois, Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
B 1 7	000267008	1973 / 02 / 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS
Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: SWAYE
First Name/Prénom: GERALD
Middle Name/Autres prénoms:
Street No./N° civique: 19
Street Name/Nom de la rue: ROBINHOOD DRIVE
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: DUNDAS
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L9H 4G2

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: X YES/OUI ☐ NO/NON
(Resident Canadian applies to directors of business corporations only./ (Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date First Elected/ Date de première élection (Year/Année, Month/Mois, Day/Jour): 19 92 / 11 / 19

Officer Information/Renseignements relatifs aux dirigeants

Date Appointed/ Date de nomination (Year/Année, Month/Mois, Day/Jour):

PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/ DIRECTEUR GÉNÉRAL	OTHER/AUTRE
19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS
Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: MONAGHAN
First Name/Prénom: MARK
Middle Name/Autres prénoms:
Street No./N° civique: 4300
Street Name/Nom de la rue: TAFFEY CRESCENT
Suite/Bureau:
Street Name (cont'd)/Nom de la rue (suite):
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5L 2B7

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/ Résident canadien: X YES/OUI ☐ NO/NON
(Resident Canadian applies to directors of business corporations only./ (Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date First Elected/ Date de première élection (Year/Année, Month/Mois, Day/Jour): 19 92 / 11 / 19

Officer Information/Renseignements relatifs aux dirigeants

Date Appointed/ Date de nomination (Year/Année, Month/Mois, Day/Jour):

PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/ DIRECTEUR GÉNÉRAL	OTHER/AUTRE
19	19	19	19	19

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Initials/Paraphes
LI ____ QA ____
DE ____ VER ____

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
À l'usage du ministère seulement
Page/Page 6 of/de 6

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
B I 7	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: JONES
First Name/Prénom: TOM
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue: R. R. #1,
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: BOLTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0P 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19 93 03 10

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HAYTER
First Name/Prénom: JOHN
Middle Names/Autres prénoms:
Street Number/Numéro civique: 5
Street Name/Nom de la rue: OAK LANE
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: FONTHILL
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0S 1E0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19 93 03 10

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

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Initials/Paraphes
LI ____ QA ____
DE ____ VER ____

Ontario Ministry of Consumer and Commercial Relations | Ministère de la Consommation et du Commerce

Companies Branch, 375 University Avenue, 2 Floor, Toronto ON M7A 2H6 | Direction des compagnies, 375, avenue University, 2e étage, Toronto ON M7A 2H6

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Page/Page 1 of/de 7

Form 1 - Ontario Corporation/ Formule 1 - Personnes morales en Ontario

Initial Notice/Notice of Change/ Avis initial/Avis de modification Corporations Information Act/Loi sur les renseignements exigés des personnes morales

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

1. Business Corporations/ Société par actions — Initial Notice/Avis initial: [ ] Notice of Change/Avis de modification: [ ]
Not-For-Profit Corporation/ Personne morale sans but lucratif: [ ] [X]

For Ministry Use Only / À l'usage du ministère seulement	2. Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	3. Offering/ Appel à l'épargne Yes/Oui	No/Non	4. Date of Incorporation/ Amalgamation or Continuation/ Date de constitution/fusion ou prorogation Year/Année Month/Mois Day/Jour	For Ministry Use Only / À l'usage du ministère seulement
B1	000267008	[ ]	[ ]	1973 02 23	

5. Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

6. Address of Registered or Head Office/Adresse du siège social

c/o / attn:

Street Number/Numéro civique: 6726 | Street Name/Nom de la rue: SOUTH CHIPPEWA ROAD | Suite/Bureau:

Street Name (cont'd)/Nom de la rue (suite): R. R. #3

City/Town/Ville: WELLANDPORT — ONTARIO, CANADA

Postal Code/Code postal: L0R 2J0

For Ministry Use Only / À l'usage du ministère seulement

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DEC 22 1993
COMPANIES BRANCH

7. Principal Place of Business in Ontario/Adresse du bureau d'affaire principal en Ontario

[X] Same as Registered or Head Office/ Même que celle du siège social

[ ] Not Applicable/ Ne s'applique pas

Street Number/Numéro civique:

Street Name/Nom de la rue:

Street Name (cont'd)/Nom de la rue (suite): Suite/Bureau:

City/Town/Ville: ONTARIO, CANADA

Postal Code/Code postal:

8. Activity Classification Code/Code de classification des activités

A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	Q	R
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[ ]	[ ]	[ ]

9. Language of Preference/Langue préférée

English - Anglais [X] French - Français [ ] None of the Above / Aucun de ces choix [X]

10. Information on Directors/Officers must be completed on Schedule A. If additional space is required, photocopy Schedule A./Renseignements relatifs aux administrateurs/dirigeants doivent être inscrits à l'annexe A. Si vous avez besoin de plus d'espace, photocopiez l'annexe A.

Number of Schedule A(s) submitted/Nombre d'annexes A présentées: 6 (At least one Schedule A must be submitted/Au moins une annexe A doit être présentée)

11. (Type name in full/Inscrire les noms et prénoms en caractère d'imprimerie)

I, Je soussigné: GEORGE SCOTT BOWMAN

certify that the information set out herein, is true and correct.
Atteste que les renseignements précités sont véridiques et exacts.

Signature: George Scott Bowman

Check appropriate box / Cocher la case pertinente

D) [ ] Director/Administrateur

O) [X] Officer /Dirigeant

P) [ ] Other individual having knowledge of the affairs of the Corporation/Autre personne ayant connaissance des activités de la personne morale

NOTE/REMARQUE: Sections 13 & 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions. Les articles 13 & 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fausse ou trompeuse, ou d'omission.

FOR MINISTRY USE ONLY / À L'USAGE DU MINISTÈRE SEULEMENT [ ] See Deficiency Letter enclosed / Voir l'avis d'irrégularité ci-joint

07200(05/92)

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
À l'usage du ministère seulement
Page/Page 2 of/de 4

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
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For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
1	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: MONAGHAN
First Name/Prénom: MARK
Middle Names/Autres prénoms:
Street Number/Numéro civique: 4300
Street Name/Nom de la rue: TAFFEY CRESCENT
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5L 2B7

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19 93 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: RITCHIE
First Name/Prénom: M.
Middle Names/Autres prénoms: STRUAN
Street Number/Numéro civique:
Street Name/Nom de la rue: R.R. #1
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: BOLTON
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0P 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19 93 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

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Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
À l'usage du ministère seulement
Page/Page 3 of/de 7

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
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For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: PARK
First Name/Prénom: WILLIAM
Middle Names/Autres prénoms:
Street Number/Numéro civique: 40
Street Name/Nom de la rue: WHITE OAK CRESCENT
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6E6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1993 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: WILDMAN
First Name/Prénom: ROB
Middle Names/Autres prénoms:
Street Number/Numéro civique: 1402
Street Name/Nom de la rue: LORNE PARK ROAD
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: MISSISSAUGA
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L5H 3B3

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1993 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only
À l'usage du ministère seulement

Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only / À l'usage du ministère seulement
Page/Page 6 of/de 7

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DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: MARRA
First Name/Prénom: PAT
Middle Names/Autres prénoms:
Street Number/Numéro civique: 76
Street Name/Nom de la rue: ROEHAMPTON
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau: APT 901
City/Town/Ville: ST CATHARINES
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L2M 7W5

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection: Year/Année 1993 Month/Mois 12 Day/Jour 16
Date Ceased/Date de cessation: Year/Année 19 Month/Mois Day/Jour

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HUNT
First Name/Prénom: TIM
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue: P.O. BOX 195
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: BURFORD
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: N0E 1A0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection: Year/Année 1993 Month/Mois 12 Day/Jour 16
Date Ceased/Date de cessation: Year/Année 19 Month/Mois Day/Jour

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only / À l'usage du ministère seulement

Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
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Page/Page 5 of/de 7

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1	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: SWAVE
First Name/Prénom: GERALD
Middle Names/Autres prénoms:
Street Number/Numéro civique: 19
Street Name/Nom de la rue: ROBINHOOD DRIVE
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: DUNDAS
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L9H 4G2

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1993 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: EARLE
First Name/Prénom: DOUG
Middle Names/Autres prénoms:
Street Number/Numéro civique: 2261
Street Name/Nom de la rue: LAKESHORE BLVD. W.
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau: STE 604
City/Town/Ville: ETOBICOKE
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: M8V 3X1

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/
(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1993 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only / À l'usage du ministère seulement

Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

For Ministry Use Only
À l'usage du ministère seulement
Page/Page 6 of/de 7

All information must be typewritten in block capital letters using black ink in 10 or 12 pitch.
Tous les renseignements doivent être dactylographiés en caractères d'imprimerie à l'encre noire, en 10 ou 12 points.

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
1	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: BOWMAN
First Name/Prénom: GEORGE
Middle Names/Autres prénoms: SCOTT
Street Number/Numéro civique:
Street Name/Nom de la rue: C/O R. R. #3
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: WELLANDPORT
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L0R 2J0

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19 93 12 16	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: HAYTER
First Name/Prénom: JOHN
Middle Names/Autres prénoms: SCOTT WELLINGTON
Street Number/Numéro civique: 6
Street Name/Nom de la rue: HICKORY COURT
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville: WELLAND
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: L3C 6S9

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19 93 12 16	1993 12 16	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only
À l'usage du ministère seulement

Initials/Paraphes
LI ___ QA ___
DE ___ VER ___

Form 1 - Ontario Corporation/Formule 1 - Personnes morales en Ontario

Schedule A/Annexe A

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Page/Page 7 of/de 7

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For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation or Continuation / Date de constitution, fusion ou prorogation (Year/Année Month/Mois Day/Jour)	For Ministry Use Only / À l'usage du ministère seulement
	000267008	1973 02 23	

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille: SWETTENHAM
First Name/Prénom: JOHN
Middle Names/Autres prénoms:
Street Number/Numéro civique: 65
Street Name/Nom de la rue: HARBOUR SQUARE
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau: APT 3007
City/Town/Ville: TORONTO
Province, State/Province, État: ONTARIO
Country/Pays: CANADA
Postal Code/Code postal: M5J 2L4

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [X] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/Mois Day/Jour): 1993 12 16
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
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Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille:
First Name/Prénom:
Middle Names/Autres prénoms:
Street Number/Numéro civique:
Street Name/Nom de la rue:
Street Name (cont'd)/Nom de la rue (suite):
Suite/Bureau:
City/Town/Ville:
Province, State/Province, État:
Country/Pays:
Postal Code/Code postal:

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: [ ] YES/OUI [ ] NO/NON
(Resident Canadian applies to directors of business corporations only.)/(Résident canadien ne s'applique qu'aux administrateurs de personnes morales à but lucratif)

Date Elected/Date d'élection (Year/Année Month/mois Day/jour): 19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour): 19

Officer Information/Renseignements relatifs aux dirigeants

	PRESIDENT/PRÉSIDENT	SECRETARY/SECRÉTAIRE	TREASURER/TRÉSORIER	GENERAL MANAGER/DIRECTEUR GÉNÉRAL	OTHER/AUTRE
Date Appointed/Date de nomination (Year/Année Month/Mois Day/Jour)	19	19	19	19	19
Date Ceased/Date de cessation (Year/Année Month/Mois Day/Jour)	19	19	19	19	19

For Ministry Use Only
À l'usage du ministère seulement

Initials/Paraphes
LI ___ DA ___
DE ___ VER ___

Ministry of Consumer and Commercial Relations
Ontario Ministère de la Consommation et du Commerce

Registration
under the Business Names Act – Corporations

Enregistrement
en vertu de la Loi sure les noms commerciaux (Personnes morales)

Form 2

Formule 2

Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

Page___ of/de ___

1. Registration Type / Type d'enregistrement

BIN / NIE — If B, C or D enter "Business Identification Number" / En cas de B, C ou D, entrez "Le n° d'identification de l'entreprise"

A [X] New / Nouvel

B Renewal / Renouvellement

C Amendment / Modification

D Cancellation / Révocation ▶

Include date of last use of name (year, month, day) / Indiquer la date de la dernière utilisation du nom (année, mois, jour)

2. Business or Identification Name / Nom commercial ou d'identification

VENTURE LEADERSHIP CENTRE

3. Mailing Address / Adresse Postale

Street Number / N° civique — Street name / Nom de la rue — Suite No. / Bureau N°

R. R. #3, 6727 SOUTH CHIPPAWA ROAD

City/Town / Ville — Province — Country / Pays — Postal Code / Code postal

WELLANDPORT — ONTARIO, CANADA — L0R 2J0

4. Business address in Ontario / Adresse commerciale en Ontario

Street Number / N° civique: 6727 — Street Name / Nom de la rue: SOUTH CHIPPAWA ROAD, R.R. #3 — Suite No. / Bureau N°:

City/Town / Ville: WELLANDPORT — Province / Province: **Ontario** — Postal Code / Code postal: L0R 2J0

5. Date of first use of Name. / Date de la première **utilisation** de la dénomination. ▶ Year/Month/Day / Année/Mois/Jour: 94/07/01

6. Give a Brief description of the **ACTIVITY** being carried out under the business/identification name. / Résumez brièvement le genre **d'ACTIVITÉ** exercée sous le nom commercial ou d'identification.

ADVENTURE LEADERSHIP CAMP

7. Corporation Name / Personne morale

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

8. Ontario corporation number/Numéro la personne morale de l'Ontario

267008

9. Jurisdiction in which the corporation was incorporated/Le territoire de compétence où la personne morale a été constituée.

ONTARIO

10. Address of Head or Registered Office of the corporation/Adresse du siège social ou bureau enregistré de la personne morale.

Street Number / N° civique: 6727 — Street Name / Nom de la rue: SOUTH CHIPPAWA ROAD, R.R. #3 — Suite No. / Bureau N°:

City/Town / Ville: WELLANDPORT — Province / Province: ONTARIO — Country / Pays: CANADA — Postal Code / Code postal: L0R 2J0

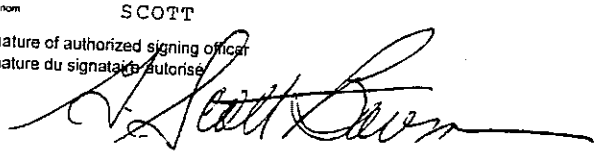
11. Name of Signing Officer / Nom du signataire

Last name / Nom de famille: BOWMAN

First name / Prénom: GEORGE

Middle name / 2e prénom: SCOTT

12. Signature of authorized signing officer / Signature du signataire autorisé

X 

MINISTRY USE ONLY – RÉSERVÉ AU MINISTÈRE

BIN...: 940424823
NAME..: VENTURE LE
REG'N.: 1994-04-25
EXPIRY: 1999-04-24

Ministry of Consumer and Commercial Relations
Ontario

Ministère de la Consommation et du Commerce

Companies Branch
PO BOX 1018 STN B
TORONTO ON M5T 3E6

Direction des compagnies
C P 1018 SUCC B
TORONTO O N M5T 3E6

Special Notice/Avis Spécial
Corporations Information Act
Loi sur les renseignements exigés des personnes morales

Form 1 - Ontario Corporations
Formule 1 - Personnes morales en Ontario

Please type or print all information in capital letters using black ink./Tous les renseignements doivent être dactylographiés ou écrits en caractères d'imprimerie à l'encre noire

For Ministry Use Only / À l'usage du ministère seulement: 199687

Ontario Corporation Number / Numéro matricule de la personne morale en Ontario: 000267008

Date of Incorporation/Amalgamation / Date de constitution/fusion: Year/Année 1973 | Month/Mois 02 | Day/Jour 23

Corporation Name/Raison sociale de la personne morale

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

For Ministry Use Only / À l'usage du ministère seulement

RECEIVED 2

APR 19 1994

COMPANIES BRANCH

FOR MINISTRY USE ONLY/À L'USAGE DU MINISTÈRE SEULEMENT — PLEASE MAKE CHANGES TO THE PREPRINTED INFORMATION AS REQUIRED/VEUILLEZ APPORTER LES CHANGEMENTS NÉCESSAIRES AUX RENSEIGNEMENTS DÉJÀ IMPRIMÉS

1 Address of Registered or Head Office/Adresse du siège social

6726 SOUTH CHIPPEWA ROAD

R R #3
WELLANDPORT
ONTARIO
CANADA L0R 2J0

1 Address of Registered or Head Office/Adresse du siège social

c/o /a/s

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

2 Principal Place of Business in Ontario/Adresse du bureau d'affaires principal en Ontario

2 Principal Place of Business in Ontario/Adresse du bureau d'affaires principal en Ontario

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (cont'd)/Nom de la rue (suite)

City/Town/Ville

ONTARIO CANADA ☐ Same as above/Identique à l'adresse ci-haut

Postal Code/Code postal

3 Activity Classification Code/Code de classification des activités

O

3 Activity Classification Code/Code de classification des activités

A B C D E F G H I
J K L M O P Q R

NOT APPLICABLE/NE S'APPLIQUE PAS ☐

4 Language of Preference/Langue préférée

ENGLISH

4 Language of Preference/Langue préférée

☐ English/Anglais ☐ French/Français

4824 MC2 04/27/94 CHEQUE 25 00

I, Je soussigné G. Scott Bowman, certify that all the information set out herein is true and correct/ atteste que tous les renseignements précités sont véridiques et exacts

Check appropriate box (D) / Cocher la case pertinente: ☐ Director/Administrateur (O) ☒ Officer/Dirigeant (P) ☐ Other individual having knowledge of the affairs of the Corporation/ Autre personne ayant connaissance activités de la personne morale

Signature/Signature

Initials/Paraphs
LI _____ OA _____
DE _____ VER _____

Note Sections 13 & 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions.
Remarque Les articles 13 et 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fausse ou trompeuse ou d'omission

For Ministry Use Only/ À l'usage du ministère seulement ☐ See deficiency letter enclosed/ Voir l'avis d'irrégularité ci-joint

F000267008 07T

T01 01027

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

For Ministry Use Only / À l'usage du ministère seulement
Page/Page _____ of/de _____

For Ministry Use Only / À l'usage du min stère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation / Date de constitution fusion Year/Année Month/Mois Day/Jour	For Ministry Use Only / A l'usage de ministère seulement
1994B7	000267008	1973 02 23	

FOR MINISTRY USE ONLY/À L USAGE DU MINISTÈRE SEULEMENT — PLEASE MAKE CHANGES TO THE PREPRINTED INFORMATION A. REMPLIR VEUILLEZ APPORTER LES CHANGEMENTS NÉCESSAIRES AUX RENSEIGNEMENTS DÉJÀ IMPRIMÉS

006

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

MONAGHAN
MARK

4300 TAFFEY CRESCENT

MISSISSAUGA
ONTARIO
CANADA L5L 2B7

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien YES

Date first elected/Date de première élection 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection 19 Y/A | M/M | D/J

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A | M/M | D/J; Secretary/Secrétaire: 19 Y/A | M/M | D/J; Treasurer/Trésorier: 19 Y/A | M/M | D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A | M/M | D/J; Other/Autre: 19 Y/A | M/M | D/J

007

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

RITCHIE
M
STRUAN
R R 81

BOLTON
ONTARIO
CANADA L0P 1A0

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prenoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien YES

Date first elected/Date de premiere election 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de premiere election 19 Y/A | M/M | D/J

Officer Information/renseignements relatifs aux dirigeants

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A | M/M | D/J; Secretary/Secrétaire: 19 Y/A | M/M | D/J; Treasurer/Trésorier: 19 Y/A | M/M | D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A | M/M | D/J; Other/Autre: 19 Y/A | M/M | D/J

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
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Page/Page _____ of/de _____

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1994B7	000267008	1973 02 23	

FOR MINISTRY USE ONLY/À L'USAGE DU MINISTÈRE SEULEMENT — PLEASE MAKE CHANGES TO THE PREPRINTED INFORMATION AS REQUIRED/VEUILLEZ APPORTER LES CHANGEMENTS NÉCESSAIRES AUX RENSEIGNEMENTS DÉJÀ IMPRIMÉS

008

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

PARK
WILLIAM

40 WHITE OAK CRESCENT
~

WELLAND
ONTARIO
CANADA L3C 6E6

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien YES

Date first elected/Date de première élection 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A M/M D/J | Secretary/Secrétaire: 19 Y/A M/M D/J | Treasurer/Trésorier: 19 Y/A M/M D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A M/M D/J | Other/Autre: 19 Y/A M/M D/J

009

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

WILDMAN
ROB

1402 LORNE PARK ROAD

MISSISSAUGA
ONTARIO
CANADA L5H 3B3

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien YES

Date first elected/Date de première élection 1993 12 16

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Date first elected/Date de première élection 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeants

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A M/M D/J | Secretary/Secrétaire: 19 Y/A M/M D/J | Treasurer/Trésorier: 19 Y/A M/M D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A M/M D/J | Other/Autre: 19 Y/A M/M D/J

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

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Page/Page _____ of/de _____

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199487	000267008	1973 02 23	

FOR MINISTRY USE ONLY/À L'USAGE DU MINISTÈRE SEULEMENT — PLEASE MAKE CHANGES TO THE PREPRINTED INFORMATION AS REQUIRED/VEUILLEZ APPORTER LES CHANGEMENTS NÉCESSAIRES AUX RENSEIGNEMENTS DÉJÀ IMPRIMÉS

010

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

MARRA
PAT

76 ROEHAMPTON
APT 901

ST CATHARINES
ONTARIO
CANADA L2M 7W5

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: YES

Date first elected/Date de première élection: 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection: 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination: President/Président 19 Y/A M/M D/J | Secretary/Secrétaire 19 Y/A M/M D/J | Treasurer/Trésorier 19 Y/A M/M D/J

Date appointed/Date de nomination: General Manager/Directeur Général 19 Y/A M/M D/J | Other/Autre 19 Y/A M/M D/J

011

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

HUNT
TIM

P O BOX 195

BURFORD
ONTARIO
CANADA N0E 1A0

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Resident canadien: YES

Date first elected/Date de premiere élection: 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Resident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de premiere élection: 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeants
Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

Date appointed/Date de nomination: President/Président 19 Y/A M/M D/J | Secretary/Secrétaire 19 Y/A M/M D/J | Treasurer/Trésorier 19 Y/A M/M D/J

Date appointed/Date de nomination: General Manager/Directeur Général 19 Y/A M/M D/J | Other/Autre 19 Y/A M/M D/J

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

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Page/Page _____ of/de _____

For Ministry Use Only / À l'usage du ministère seulement	Ontario Corporation Number / Numéro matricule de la personne morale en Ontario	Date of Incorporation/Amalgamation / Date de constitution/fusion Year/Année Month/Mois Day/Jour	For Ministry Use Only / À l'usage du ministère seulement
199487	000267008	1973 02 23	

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012

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

SWAYE
GERALD

19 ROBINHOOD DRIVE

DUNDAS
ONTARIO
CANADA L9H 4G2

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien YES

Date first elected/Date de première élection 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

	President/Président	Secretary/Secrétaire	Treasurer/Trésorier
Date appointed/Date de nomination	19 Y/A M/M D/J	19 Y/A M/M D/J	19 Y/A M/M D/J
	General Manager/Directeur Général		Other/Autre
Date appointed/Date de nomination	19 Y/A M/M D/J		19 Y/A M/M D/J

013

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

EARLE
DOUG

2261 LAKESHORE BLVD W
STE 604

ETOBICOKE
ONTARIO
CANADA M8V 3X1

Director/Officer Information Reinseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province Etat

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Resident canadien YES

Date first elected/Date de premiere election 1993 12 16

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de premiere election 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeants

Date appointed/Date de nomination

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

	President/Président	Secretary/Secrétaire	Treasurer/Trésorier
Date appointed/Date de nomination	19 Y/A M/M D/J	19 Y/A M/M D/J	19 Y/A M/M D/J
	General Manager/Directeur Général		Other/Autre
Date appointed/Date de nomination	19 Y/A M/M D/J		19 Y/A M/M D/J

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

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1994B7	000267008	1973 02 23	

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014

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

BOWMAN
GEORGE
SCOTT
C/O R R #3
-

WELLANDPORT
ONTARIO
CANADA L0R 2J0

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien

Date first elected/Date de première élection

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

PRESIDENT 19931216

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

President/Président — Date appointed/Date de nomination 19 Y/A M/M D/J
Secretary/Secrétaire 19 Y/A M/M D/J
Treasurer/Trésorier 19 Y/A M/M D/J
General Manager/Directeur Général — Date appointed/Date de nomination 19 Y/A M/M D/J
Other/Autre 19 Y/A M/M D/J

015

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

HAYTER
JOHN
SCOTT WELLINGTON
6 HICKORY COURT

WELLAND
ONTARIO
CANADA L3C 6S9

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Resident canadien

Date first elected/Date de première élection 0000 00 00

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection 19 Y/A M/M D/J

Officer Information/renseignements relatifs aux dirigeants

Date appointed/Date de nomination

SECRETARY 19931216
TREASURER 19931216

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER N'EST PLUS DIRIGEANT

President/Président — Date appointed/Date de nomination 19 Y/A M/M D/J
Secretary/Secrétaire 19 Y/A M/M D/J
Treasurer/Trésorier 19 Y/A M/M D/J
General Manager/Directeur Général — Date appointed/Date de nomination 19 Y/A M/M D/J
Other/Autre 19 Y/A M/M D/J

Form 1 Corporation / Formule 1 - Personnes morales en Ontario
Schedule A/Annexe A

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199487	000267008	1973 02 23	

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016

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

SWETTENHAM
JOHN

65 HARBOUR SQUARE
APT 3007

TORONTO
ONTARIO
CANADA M5J 2L4

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Résident canadien: YES

Date first elected/Date de première élection: 1993 12 16

Officer Information/renseignements relatifs aux dirigeant

Date appointed/Date de nomination

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Résident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection: 19 Y/A | M/M | D/J

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER / N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A | M/M | D/J; Secretary/Secrétaire: 19 Y/A | M/M | D/J; Treasurer/Trésorier: 19 Y/A | M/M | D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A | M/M | D/J; Other/Autre: 19 Y/A | M/M | D/J

017

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Director/Officer Information / Renseignements relatifs aux administrateurs/dirigeants

Full Name and Residential Address/Nom et adresse personnelle au complet

Last Name/Nom de famille | First Name/Prénom | Middle Name/Autres prénoms

Street No./N° civique | Street Name/Nom de la rue | Suite/Bureau

Street Address (Cont'd)/Nom de la rue (suite)

City/Town/Ville | Province State/Province État

Country/Pays | Postal Code/Code postal

Director Information /Renseignements relatifs aux administrateurs

Resident Canadian/Resident canadien

Date first elected/Date de premiere election: 0000 00 00

Officer Information/renseignements relatifs aux dirigeants

Date appointed/Date de nomination

Director Information/Renseignements relatifs aux administrateurs ☐ NO LONGER DIRECTOR/ N'EST PLUS ADMINISTRATEUR

Resident Canadian/Resident canadien ☐ Yes/Oui ☐ No/Non

Date first elected/Date de première élection: 19 Y/A | M/M | D/J

Officer Information/renseignements relatifs aux dirigeants ☐ NO LONGER OFFICER / N'EST PLUS DIRIGEANT

Date appointed/Date de nomination — President/Président: 19 Y/A | M/M | D/J; Secretary/Secrétaire: 19 Y/A | M/M | D/J; Treasurer/Trésorier: 19 Y/A | M/M | D/J

Date appointed/Date de nomination — General Manager/Directeur Général: 19 Y/A | M/M | D/J; Other/Autre: 19 Y/A | M/M | D/J

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Ontario Corporation Number
Numéro de la société en Ontario
000267008

Ministry of Government and Consumer Services
Ontario

Ministère des Services gouvernementaux et des Services aux consommateurs

These Supplementary Letters Patent amend the corporation's Letters Patent or prior Supplementary Letters Patent, as the case may be, dated this

Les présentes lettres patentes supplémentaires modifient les lettres patentes de la société ou toutes autres lettres patentes supplémentaires précédentes, selon le cas, daté le

SEPTEMBER 2 0 SEPTEMBRE, 2019

Minister of Government and Consumer Services / Le ministre des Services gouvernementaux et des Services aux consommateurs

per/par: Director / Directrice

APPROVED AS A CHARITY - PGT
OEUVRE DE BIENFAISANCE APPROUVÉE-TOP

Form 3
Corporations Act
Formule 3
Loi sur les personnes morales

APPLICATION FOR SUPPLEMENTARY LETTERS PATENT
REQUÊTE EN VUE D'OBTENIR DES LETTRES PATENTES SUPPLÉMENTAIRES

1. Name of the applicant corporation / Dénomination sociale de la personne morale requérante :

THE CREATIVE CENTRE FOR LEARNING
AND DEVELOPMENT

2. The name of the corporation is changed to (if applicable): (Set out in BLOCK CAPITAL LETTERS)
La dénomination sociale de la personne morale devient: (le cas échéant): (écrire en LETTRES MAJUSCULES SEULEMENT)

ROBERT LAND ACADEMY

3. Date of incorporation/amalgamation:
Date de constitution ou de fusion: 1973 (Year/Année) 02 (Month/Mois) 23 (Day/Jour)

4. The resolution authorizing this application was confirmed by the shareholders/members of the corporation on:
La résolution autorisant la présente requête a été ratifiée par les actionnaires ou membres de la personne morale le : 2019 (Year/Année) 05 (Month/Mois) 11 (Day/Jour)

under section 34 or 131 of the *Corporations Act*,
aux termes de l'article 34 ou 131 de la *Loi sur les personnes morales*.

5. The corporation applies for the issue of supplementary letters patent to provide as follows:
La personne morale demande la délivrance de lettres patentes supplémentaires qui prévoient ce qui suite:

a) The objects of the Corporation as set out in its Letters Patent be replaced with the following:

1. To operate schools and related programmes, courses and classes to educate the whole person, intellectually, morally, physically, and spiritually for students at the primary and secondary level;

2. To establish and administer bursaries and scholarships for its students;

3. To provide educational, life skill and parenting training, courses and programmes for adults;

4. To establish and maintain historical exhibits on Canadian military and Canadian culture to educate the public.

b) All of the provisions regarding the Board of Directors set out in paragraph 4 of the Supplementary Letters Patent issued on November 23, 1983 be deleted.

c) The dissolution clause set out in the Letters Patent of the Corporation be deleted and replaced with the following:

> Upon the dissolution of the corporation and after payment of all debts and liabilities, its remaining property shall be distributed or disposed of to charities registered under the *Income Tax Act* (Canada) in Canada that have purposes similar to those of the Corporation.

d) To insert the following provision:

> The corporation shall be subject to the *Charities Accounting Act*.

e) To insert the following provision:

> To invest the funds of the corporation pursuant to the *Trustee Act*.

f) To insert the following provision:

> No director shall receive any remuneration for services provided in the capacity as a director, although they may be paid reasonable expenses incurred by them in the performance of their duties. Unless otherwise prohibited by the corporation, a director may be compensated for services other than as a director pursuant to the regulation made under the *Charities Accounting Act*, or with court approval or an order made under section 13 of the *Charities Accounting Act*.

The corporation is not insolvent and after the issue of the supplementary letters patent, will not be insolvent within the meaning of subsection (4) R. R. O. 1990, Regulation 181, s. 19(4).

This application is executed in duplicate.
La présente requête est faite en double exemplaire.

THE CREATIVE CENTRE FOR LEARNING AND DEVELOPMENT

Current name of the Corporation
Dénomination sociale actuelle de la personne morale

By:/Par:

(Signature)
(Signature)

Chairman
(Description of Office)
(Fonction)

(Signature)
(Signature)

Secretary
(Description of Office)
(Fonction)

From: Jen Simmonds <jsimmonds@carters ca>
Sent: November 13, 2019 9 03 AM
To: Vassell, Jauva (MGCS)
Cc: Theresa L M Man
Subject: The Creative Centre for Learning and Development - Ontario Corporation Number 000267008 - Application for Supplementary Letters Patent

Dear Jauva

I am writing further to your voicemail left for me yesterday with respect to our client, The Creative Centre for Learning and Development, and its application for supplementary letters patent to change its corporate name to "Robert Land Academy" We would like to set up a time for you to have a call with Theresa Man, the lawyer with carriage of this file, to discuss the name and consent requirement In this regard, can you please advise if you would be available at 2 00 this afternoon for a call with Theresa?

By way of background, Robert Land was an individual, but he died in 1818 He was a United Empire Loyalist who was the first settler of what is now downtown Hamilton, Ontario The Academy's founder, George Scott Bowman, is a direct descendant of Robert Land

Please advise of your availability for a call this afternoon In the interim, if you have any further questions, please do not hesitate to contact us

Regards, Jen

Jen Simmonds, Law Clerk
Carters Professional Corporation
Barristers, Solicitors & Trade-mark Agent
211 Broadway, Orangeville, Ontario, Canada, L9W 1K4
http //www carters ca
http //www charitylaw ca
Phone (519) 942-0001 ext 269
Fax (519) 942-0300
Toll Free 1-877-942-0001
jsimmonds@carters ca

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APPROVED AS A CHARITY-MGS
OEUVRE DE BIENFAISANCE APPROUVEE-MSG

at OPGT since June 03/19

Ontario Reservation Report
Rapport pour réservation en Ontario

ROBERT LAND ACADEMY
120709377 Distinctive/Distinctif: LAND
NAICS codes/ codes SCIAN: **Alternate spelling/Variante orthographique:**

COMPANY NAME / NOM DE L'ENTREPRISE JUR / BUS.ACT.	NO.	DATE	CITY/VILLE	EP	TYPE	STATUS/STATUT	STAT.DATE/DATE STAT.
ROBERT LAND ACADEMY ON	120709377	2019-04-25				Prop.CYBER	
ROBERT LAND ACADEMY ON	110751674	2001-07-12	NOT APPLICABLE		AsmdBusNm	Active	2001-07-12
ACADEMY LANDS LTD. ON	1858774	2011-09-23	TORONTO		Bus_Corp	Active	2011-09-23
ROBERT'S LAND CARE ON	270565419	2017-05-19	KETTI FRY		SI_Prpshp	Active	2017-05-19
LAND CANADA ACADEMY BC	FM0222676	1997-06-26			SoleProp	Active	
ROBERT BOSA LAND CO. INC. BC	0941885	2012-05-31	VANCOUVER		Corp	Active	2012-05-31
Robert Land Consulting Ltd. CD	9262288	2015-04-22	Hamilton		CBCA	Active	2015-04-22
ROBERT LAND CONSULTING LTD. ON	3113098	2015-04-22	HAMILTON	CA	FD_Share	Active	2015-04-23
ROBERTS CREEK LAND COMPANY LTD. BC	0341049	1988-02-23	VANCOUVER		Corp	Active	2004-03-17
ROBERT PRATT LAND CONSULTING INC. BC	0949661	2012-09-07	Kamloops		Corp	Dsltn2FH	2019-01-09
TREASURE-LAND ACADEMY OF LEARNING BC	FM0501356	2009-04-30			GenPart	Active	
IMAGINATION LAND CHILDREN'S ACADEMY INC. CD	9709258	2016-04-13	TORONTO		CBCA	Dissolved	2019-02-11
IMAGINATION LAND CHILDREN'S ACADEMY INC. ON	3131592	2016-04-13	TORONTO	CA	FD_Share	Active	2016-04-14
ROBERT M. POLLOCK, ALBERTA LAND SURVEYOR AB	CAL015393	1963-04-24			Ptnrshp	Active	
ROBERT J NEELS BC LAND SURVEYOR BC	CH0602086				Name_Chg	Historic	
ROBERT M. JUDGE LAND SERVICES INC. AB	201237200	1990-08-15			Bus_Corp	Historic	1990-12-14
ROBERT D. PURDY LAND CONSULTING LTD. AB	206079352	1994-04-19	CALGARY		Bus_Corp	Struck	2003-10-02

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Valid until / Valide jusqu'au: 2019-07-24 **NUANS® is a product of Innovation, Science and Economic Development Canada** CYBER
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Ontario Reservation Report
Rapport pour réservation en Ontario

ROBERT LAND ACADEMY

120709377 Distinctive/Distinctif: LAND

2019-04-25

NAICS codes/ codes SCIAN:

Alternate spelling/Variante orthographique:

COMPANY NAME / NOM DE L'ENTREPRISE JUR BUS./ACT.	NO.	DATE	CITY/VILLE	EP	TYPE	STATUS/STATUT	STAT.DATE/DATE STAT.
ROBERT L. COX LAND USE PLANNING LTD.							
CD	0976181	1976-03-17	BROME LAKE		CBCA	Dissolved	1995-10-04
THE ROBERT LAND COMMUNITY ASSOCIATION							
ON	1687117	2006-02-08	HAMILTON		Non_Shr	CorpNmChg	2016-07-27
ROBERT M. POLLOCK ALBERTA LAND SURVEYOR							
AB	CAL015570				Ptnrshp	Dissolved	
ROBERT E. DRURY LAND DEVELOPMENTS LIMITED							
ON	819390	1989-04-12	BARRIE		Bus_Corp	CorpNmChg	1997-04-15
L. AND W. RIDING ACADEMY							
SK	0000109864	1975-07-01			Rsctd_Vw	Inactive	1983-01-01
THE CANADIAN ACADEMY OF PSYCHIATRY AND THE LAW L'ACADEMIE CANADIENNE DE PSYCHIATRIE ET DROIT							
ON	1924606	1995-11-09	OTTAWA	CA	FD_NSh	Active	2014-10-06
CANADIAN FRIENDS OF FRESH AND GREEN ACADEMY INC. LES AMIS CANADIENS DE L'ACADEMIE FRAICHE ET VERTE I...							
ON	1990345	2017-12-22	BARRIE	CA	FD_NCh	Active	2018-02-09
ROBERT L. OTTEREYES AND ASSOCIATES INC.							
CD	3661571	1999-09-16	CHISASIBI		CBCA	Dissolved	2004-02-02
L'ACADEMIE FLORICA LORINT ARTS AND LANGUAGES LTD.							
AB	202639399	1982-01-05			Bus_Corp	Struck	1986-02-01
ROBERT J. LAING							
ON	280313784	2018-03-19	BULRLINGTON		SI_Prpshp	Active	2018-03-19
ROBERT J. LAING							
AB	TN15471600	2010-07-09			TradeName	Active	
LION COMBAT ACADEMY							
ON	270716822	2017-06-28	TORONTO		SI_Prpshp	Active	2017-06-28
ROBERT LANG MD LTD.							
AB	203472139	1986-04-16	CALGARY		Bus_Corp	Active	2018-01-05
LEAN QUALITY ACADEMY							
BC	FM0677296	2015-12-28			SoleProp	Active	
ROBERT J. LAING AGENCY							
AB	TN5852454	1993-11-05			TradeName	Active	
ROBERT LYON ADVENTURES							
BC	FM0355058	2003-09-10			SoleProp	Active	
ROBERT LANE AGENCY INC.							
ON	672025	1986-06-20	GUELPH		Bus_Corp	Active	1992-06-27

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Valid until / Valide jusqu'au: 2019-07-24 **NUANS® is a product of Innovation, Science and Economic Development Canada** CYBER

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Ontario Reservation Report
Rapport pour réservation en Ontario

ROBERT LAND ACADEMY

120709377 Distinctive/Distinctif: LAND

2019-04-25

NAICS codes/ codes SCIAN:

Alternate spelling/Variante orthographique:

COMPANY NAME / NOM DE L'ENTREPRISE JUR BUS./ACT.	NO.	DATE	CITY/VILLE	EP	TYPE	STATUS/STATUT	STAT.DATE/DATE STAT.
ROBERT LYON TRUCKING LTD.							
BC	0612530	2000-08-17	REVELSTOKE		Corp	Active	2003-11-18
ROBERT LANG HOLDINGS LIMITED							
ON	476651	1981-04-30	NEPEAN		Bus_Corp	Active	1992-06-27
ROBERT LONG CONTRACTING INC.							
ON	2356778	2013-01-10	BOLTON		Bus_Corp	Active	2013-01-10
Greater Antilles Latin Academy							
MB					EnSubUnd	Aprvd_Nm	2019-02-19
Other Schools and Instruction							
LATIN AMERICAN SPANISH ACADEMY							
BC	FM0052844	1984-03-20			SoleProp	Active	
ROBERT LANG HOLDING CORPORATION							
AB	2016111771	2011-06-06	CALGARY		Bus_Corp	Active	
ACADEMY AUTO RENTAL & LEASING LTD.							
ON	1611576	2004-03-24	TORONTO		Bus_Corp	Active	2004-03-24
NORTHERN LION KUNG FU ACADEMY INC.							
ON	2205830	2009-05-08	BOWMANVILLE		Bus_Corp	Active	2009-05-08
ROBERT H. LANE AND ASSOCIATES INC.							
ON	572593	1983-12-13	ETOBICOKE		Bus_Corp	Active	1992-06-27
ROBERT LANG CONSULTING CORPORATION							
AB	2016111870	2011-06-06	CALGARY		Bus_Corp	Active	
LATIN REVOLUTION DANCE ACADEMY INC.							
ON	2626731	2018-03-22	ETOBICOKE		Bus_Corp	Active	2018-11-21
ROBERT S. LAING INVESTMENTS LIMITED							
ON	127088	1963-07-11	FONTHILL		Bus_Corp	Active	1992-06-27
LION'S PRIDE GYMNASTICS ACADEMY INC.							
BC	0712372	2004-12-24	victoria		Corp	Active	2008-03-29
ROBERT LANG PROFESSIONAL CORPORATION							
AB	207715046	1998-02-19	CALGARY		Bus_Corp	Active	
LONG SHOTZ DRIVING RANGE & GOLF ACADEMY							
AB	TN12886719	2006-12-18			TradeName	Active	
ROBERT A.LANG ENTERTAINMENT PRODUCTIONS							
AB	CRY002738	1971 11 08			TradeName	Active	
ROBERT ARCHER CARTAGE & LEASING LIMITED							
ON	331405	1976-03-10	LINDSAY		Bus_Corp	Active	1992-06-27

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Ontario Reservation Report
Rapport pour réservation en Ontario

ROBERT LAND ACADEMY
120709377 Distinctive/Distinctif: LAND
NAICS codes/ codes SCIAN: **Alternate spelling/Variante orthographique:**

COMPANY NAME / NOM DE L'ENTREPRISE JUR / BUS./ACT.	NO.	DATE	CITY/VILLE	EP	TYPE	STATUS/STATUT	STAT.DATE/DATE STAT.
ROBERT LONG REAL ESTATE N.S. (2009) LIMITED							
NS	3222146	2007-08-13	METEGHAN RIVER		Ltd_Co	Active	2007-09-07
Learning Edge Academy of Nunavut (LEAN) Inc.							
CD	11259016	2019-02-19	Iqaluit		CBCA	Active	2019-02-19
ROBERT LAHAM MEDICINE PROFESSIONAL CORPORATION							
ON	1567003	2003-03-25	TORONTO		Bus_Corp	Active	2003-03-25
H.T. LIANG'S CHINESE FOLK MUSIC & OPERA ACADEMY LTD.							
BC	0910540	2011-05-13	VANCOUVER		Corp	Active	2011-05-13
Greater Antilles Latin Academy							
MB	120661804	2019-02-19				Prop.MH	
Learning Edge Academy of Nunavut (LEAN)							
CD	120661747	2019-02-19				Prop.CANADA	
LANE-ROBERTS LTD							
AB	200721280	1974-04-03			Bus_Corp	Struck	1981-09-30
CLAYTON LANE ACADEMY							
ON	240229039	2014-03-07	HAMILTON		AsmdBusNm	Pnd_Exp	2019-03-07
CLAYTON LANE ACADEMY							
ON	240229039	2014-03-07	HAMILTON		AsmdBusNm	Can_ONLP	2018-09-25
ROBERT LANG FLOORING							
MB	7174544	2015-07-24	WINNIPEG		SoleProp	Expired	2018-07-24
Other Specialty Trade Contractors							
ROBERT'S LEASING INC.							
ON	607660	1984-12-13			Bus_Corp	Vol_Dsltn	1992-06-27
ROBERT LYON CANADA LTD.							
CD	3361969	1997-04-04	MISSISSAUGA		CBCA	Dissolved	2000-08-01
ROBERT LYON CANADA LTD.							
ON	1345361	1997-04-04	MISSISSAUGA	CA	FD_Share	Removed	2000-08-08
ROBERT EMMETT LEASING INC.							
ON	813043	1989-01-12	REXDALE		Bus_Corp	Cncl_CT	2007-01-21
ROBERT FOSTER LEASING INC.							
ON	307903	1975-06-11			Bus_Corp	Cncl_CT	1992-06-27
ROBERT E. LASSEN REALTY LTD.							
SK	0000551042	1979-12-17	REGINA		Bus_Corp	StruckOff	1997-05-30
ROBERT LONG AND SONS, LIMITED							
ON	17921	1920-06-19			Bus_Corp	Vol_Dsltn	1992-06-27

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Trademark Report
Rapport des marques de commerce

ROBERT LAND ACADEMY

120709377 Distinctive/Distinctif: LAND

Nice classes/classification Nice: **Alternate spelling/Variante orthographique:**

*** This report does not constitute a Trademark reservation / Ce rapport ne constitue pas de réservation de marque de commerce**

TRADEMARK/MARQUE DE COMMERCE AP. NO./NO. AP. GOODS/PRODUITS	REG. NO./NO. ENR.	REG. DATE/DATE ENR.	STATUS/STATUT	OWNER/PROPRIÉTAIRE CLASSES
ROBERT LAND ACADEMY 1293092 Clothing, namely, caps, ties, jackets and dress... Residential...	TMA0688864	2007-06-01	Registerd	The Creative Centre for 6,9,14,16...
THE LATIN RECORDING ACADEMY 1441317 Association services dedicated to promoting, recognizing and advancing...	TMA0832915	2012-09-26	Registerd	NATIONAL ACADEMY OF REC 35,41
FULFORD ACADEMY & LION Design 1862019 Sports uniforms Boarding...	TMA		Searched	Fulford Academy Inc. 25,41
THE LATIN ACADEMY OF RECORDING ARTS & SCIENCES 1135967 Pre-recorded audio tapes, audio compact discs,... Entertainment...	TMA0622261	2004-10-08	Registerd	NATIONAL ACADEMY OF REC 9,35,41
LAND 1225413 Cleaning equipment, namely, high pressure washers, floor washing...	TMA0644611	2005-07-19	Registerd	NINGBO LAND INDUSTRIAL 7,11,21
LANDS 1885484 General purpose floor cleaner; cleaning agents and preparation;...	TMA		Formalized	ORORA PACKAGING SOLUTIO 3,7,16,17
P. LAND 1444172 Education and continuing educational services, namely, lectures,...	TMA0792220	2011-03-07	Registerd	CANADIAN ASSOCIATION OF 35,41
TV LAND 0802756 Hair shampoos, bubble bath and skin soaps. (2)... Television	TMA0625532	2004-11-16	Registerd	Viacom International In 3,14,16,18...
NUT LAND 1441036 Processed nuts; processed nut-based snacks, namely, snack mix...	TMA0832947	2012-09-26	Registerd	Nutland Foods, L.L.C. 29
OUR LAND 0671931 Fresh fruit.	TMA0398517	1992-05-22	Registerd	WONDERFUL CITRUS LLC 31
PAC-LAND 0660186 Video game cartridges, video game cards and hand-held electronic game...	TMA0392311	1991-12-27	Registerd	Kabushiki Kaisha BANDAI 9,28
SEA-LAND 1878537 Chemicals used in industry. Distributorship...	TMA		Searched	Sea-Land Chemical Co. 1,35
BABY LAND 1315526 Retail store services specializing in baby furniture and accessories...	TMA0701630	2007-11-26	Registerd	Kathy Hamdard 35
LAND-TRAC 0376099 Tyres for vehicles.	TMA0206269	1975-01-01	Registerd	Compagnie Generale des 12
OVER LAND 1118982 Baggage and luggage, namely suitcases, travel bags, travel bags...	TMA0608582	2004-04-26	Registerd	LANDAU SACAMOTO INC. 9,18
PITA LAND 1419479 Restaurant services.	TMA0762128	2010-03-22	Registerd	PITA LAND INTERNATIONAL 43
PURE LAND 1625998 Pet food	TMA0885082	2014-09-02	Registerd	Canidae Corporation a C 31

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Trademark Report
Rapport des marques de commerce

ROBERT LAND ACADEMY

120709377 Distinctive/Distinctif: LAND

 2019-04-25

Nice classes/classification Nice: **Alternate spelling/Variante orthographique:**

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TRADEMARK / MARQUE DE COMMERCE AP. NO. / NO. AP.	REG. NO. / NO. ENR.	REG. DATE / DATE. ENR.	STATUS / STATUT	OWNER / PROPRIÉTAIRE CLASSES
WILD LAND				THE ALDO GROUP INC / LE
0768520	TMA0449932	1995-10-13	Registerd	25
Men's, women's and children's footwear, namely: shoes, boots,...				
EARTH LAND				DYNASTY FOOTWEAR, LTD.
0824059	TMA0488479	1998-01-28	Registerd	25
Men's, women's and children's footwear, namely, shoes, boots and...				
GREEN LAND				HONOR BEST CO., LTD
1196669	TMA0653245	2005-11-22	Registerd	6,7
Metallic washers, screws, rivets, hollow rivets, nuts, blind rivet,...				
GREEN LAND				W.S.A. Foods Canada Inc
1751226	TMA0956157	2016-11-23	Registerd	29,32
cheese (2) fruit juices				
GREEN LAND				TRITAP FOOD BROKER, A D
0659666	TMA0479538	1994-02-25	Registerd	3,5,16,21
Foam cups; cleaning products, namely, dish detergent, all-purpose...				
HIGH LANDS				TWEED INC.
1857123	TMA		Searched	5,31,34
Medical marijuana, cannabis, cannabis oils, and cannabis derivatives...				
LAND & SEA				Canadian Broadcasting C
0910023	TMA		Advertisd	1,2,3,4...
LAND ROVER				Jaguar Land Rover Limit
1408080	TMA0751110	2009-10-26	Registerd	12
Motor vehicles, namely, automobiles, station wagons, trucks and sport...				
LAND ROVER				Jaguar Land Rover Limit
1405232	TMA0753910	2009-11-25	Registerd	12
Vehicles, namely, automobiles and structural parts for automobiles;...				
LAND ROVER				Jaguar Land Rover Limit
1190739	TMA0722986	2008-09-04	Registerd	6,19
Cycle racks.				
LAND ROVER				Jaguar Land Rover Limit
0909084	TMA0721445	2008-08-20	Registerd	2,3,5
Substances for cleaning namely skin cleansers and skin cleaning...				
LAND ROVER				Jaguar Land Rover Limit
1936436	TMA		Formalizd	9,28
Computer hardware; on-board computers for vehicles; computers for...				
LAND ROVER				Jaguar Land Rover Limit
0817852	TMA0800031	2011-06-16	Registerd	2,3,4,5
Mugs; clothing, namely, shirts and tee-shirts.... Repair and...				
LAND ROVER				Jaguar Land Rover Limit
1928362	TMA		Formalizd	36
Insurance services, financial affairs, monetary affairs, real estate...				
LAND TAMER				HYDRATREK IP, LLC
1054176	TMA		PrpOpposn	12
Amphibious all-terrain vehicles, excluding amphibious all-terrain...				
LAND YACHT				THOR TECH, INC. (A NEVA
0477695	TMA0279187	1983-04-29	Registerd	9,12
Portable dwellings, namely house trailers. (2) Motor homes.				
LANDS Logo				ORORA PACKAGING SOLUTIO
1885485	TMA		Formalizd	3,7,16,17
General purpose floor cleaner; cleaning agents and preparation;...				

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PGT - Review of Corporate Applications

File	T006606/89	Name	Creative Centre for Learning and Development

Date	18-Sep-2019	Status	2	Application	SLP	Purpose	

Date sent to CB	20-Sep-2019	AKA	New name: Robert Land Academy

Ref. # 2383811

NUANS received?	Y
CB-fee received	$130.00
NPNC forwarded directly to Companies Branch	N

Contact Person Information

Name	Teresa L.M. Man	
Address	211 Broadway	
City	Orangeville	Ontario
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Notes

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Form Revised: April 19, 2001